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Report

Ministry of the Solicitor General of Canada

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Crisis Intervention Training
Skills

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CRISIS INTERVENTION TRAINING SKILLS

ACKNOWLEDGEMENTS

This manual is a work of common union. The many people that have had a hand in molding it sought one single purpose: to transmit information.

As such, very little of this manual is either original or ground breaking. Knowledge was gathered and adapted from many diverse sources, as we identified throughout the text. Our thanks go out to all those who have endeavoured to bring meaning to difficult problems, in particular those individuals who dared to experiment and share bold new ideas in the crisis intervention field. It is their efforts that have made programs such as this one possible.

We particularly would like to thank the Ministry of the Solicitor General that funded the project which made this manual possible, and the Restigouche Family Crisis Interveners program which sponsored and inspired our work.

We are greatly indebted to Gérald Daigle, original coordinator of R.F.C.I., for his valuable contribution, as well as Jean Dupuis and Maurice Vinet for their insights.

To James Wood, of the Solicitor General Consultation Center in Moncton, for his encouragement.

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But our final and perhaps most heartfelt thanks go to those various volunteer interveners (all of whom selflessly prefer to remain nameless) who have inspired in us our enthusiasm for the program and continue sustaining its very life blood.

A. Guy Arseneault
Dalhousie, N.B., 1984

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The following people, in alphabetical order, have been part of the project:

A. Guy Arseneault	*Manager, editor, researcher, writer*
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Denise Savoie	*Lay-out and research*

ADMINISTRATION

INTRODUCTION

Administrating projects such as the Restigouche Family Crisis Interveners offers both great opportunity and great challenge.

The challenge of beginning a new project in your community is a real one. How you go about it and how your community responds can well mean the difference between success and failure.

The next segment is aimed precisely at your situation. It was designed to offer a brief overview of the different aspects you have to cover before your projects can be ushered into this world, as well as hints on keeping things rolling smoothly once it does.

As for opportunity, their is no greater one than what you are about to experience. In creating a service that can act with such speed and flexibility (and at such comparatively low cost) you and your group will bring to your region an important new element in its make-up: the answering of a need.

One last word: remember that your enthusiasm for the project will carry others. Try to keep a high level of confidence, positive thinking and energy to all of your undertakings; and this will pay handsome dividends in results.

INTRODUCTION

Crisis intervention first evolved from natural human emotions of compassion, empathy and the love of our fellow man. The first time somebody tried to talk to a friend about a problem he was having, or a police officer turned to counsel instead of arrest, then the foundations of a new skill were being developed.

Social scientists, psychologists and professional counsellors naturally assumed that an informal approach to everyday concern was being practiced at the grass roots level by private citizens and sometimes by improvising police officers but in a very unstructured, isolated and haphazard fashion. They also knew it actually had a lot going for it; its immediacy lent an effect of «psychological first aid» sorely lacking in traditional services and was conducive to positive change and the breaking of the various cycles of violence that have existed in family lives for centuries.

The first structured program in crisis intervention began in New York City during the mid 60's, when a small group of policemen were trained in intervention techniques for the first time.[1]

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[1] Training Police as Specialists in Family Crisis Intervention by Morton Bard, Ph.D. U.S. Dept. of Justice, 1970.

These «special cops», as these policemen came to be known by the local population, handled all family disputes in their precinct, in addition to their everyday duties as regular police officers. The immediate action they could bring to a family in crisis proved to be a very popular, well-received service. But what surprised everybody, including the consulting scholars in charge of development of the program, was the marked *decrease* in assaults on these officers. Indeed, the control group in the next precinct observed an increase during one particular hot summer, including one death of a policeman answering a «family disturbance» call. The «special cops» were spared any of these.

Police officers, however, have only a limited amount of time they can devote to each case. Their day can often include much more serious incidents than a simple husband/wife fight, for example. What was needed was a structured, always accessible service, with interveners who would be available 24 hours a day; and able to devote all the time required for any particular intervention, be it hours or days.

Restigouche County, in Northern New-Brunswick, is perhaps as unlike New York City as it is possible to be. However, people are people everywhere, and the need for a crisis intervention program was felt just as strongly here. What was important, however, were the new approaches developed by the originators of this program: the use of properly trained lay volunteers available 24 hours a day for immediate intervention anywhere in the county.

The original need was for a service that wouldn't close its doors at 5 p.m., like most. After all, most crises occur at night and on weekends. So local individuals organized what has now become the Restigouche Family Crisis Interveners.

HISTORY

A one time chance remark, made by a police chief in the presence of a probation officer around 1978, was the seed that evolved into what the RFCI is today. Local police chief Bob Acheson deplored the fact that there was no organized service to handle crises after regular office hours. Mr. Jean Dupuis and Chief Acheson took what proved to be an auspicious first step: they decided to do something about it.

It may be surprising to some that such an innovative, vibrant and far-reaching organization as the RFCI could have been spawned from such humble beginnings. But actually most grass-roots movements are begun just as humbly by local individuals, who group together and try to bring some practical solutions to difficult problems.

Mr. Dupuis and Chief Acheson called a meeting of local representatives of services in the region, and together they formed a Citizen's Committee to study the problem. Already existent programs were studied (the one in London, Ontario most closely), but it soon became apparent that no program anywhere could be applied rigidly. The county's situation was somewhat different from London's, and costs were simply too prohibitive to be feasible.

With the help of a consultant, Mr. Gérald Daigle, the project started taking form in 1980. The approach of training volunteers in intervention techniques, offering psychological first aid so to speak, was formulated and adapted.

Much has evolved in these last few years. Problems of implementation, acceptance and everyday administration were met and solved as they cropped up. The addition of a research consultant, Peter Lerette, organized emergency shelters, electronic pagers, etc. all contributed to the improvement of the program.

But one thing remained clearly evident throughout those building years, as clearly evident as it remains today: the real secret to the program is people - their will, their work, their input, their caring, their trying, *made* the program.

Already four-years old, our group has handled over 400 calls of various crises, and has brought an important addition to our community. In our role as support for both policemen and service providers, we bring what we hope is an important contribution to the welfare of our citizens, our neighbours and ourselves.

STARTING OFF

TIPS ON BEGINNING YOUR PROJECT

There is one all important prerequisite in starting any new program, be it family crisis intervention or another, one from which you can draw strength, reasoning and dedication; and that is *the existence of a need.* From this premise flows immense potential and power: potential to change, power to do so.

What follows is a step by step approach in creating a crisis intervention program in your community. Feel free to tailor it to your unique situation.

Your individual needs, for your particular community, dictate the methods and approaches you will want for your case. Always remember that *people* are the building blocks, the agents and the end-users of the program. Remain flexible and strive for a creative approach.

STEP ONE: BASIC PREPARATION

DEFINING THE PROBLEM

A need exists. Very well. Who knows about it? Probably very few.

Gather as much existing research as is possible. Sources can be your local library, a nearby University library with a good social-sciences background, the Solicitor General's Consultation Center in your province, The National Library, etc.

The National Clearinghouse on Family Violence, Department of Health & Welfare, Ottawa, carries listings and literature on several subjects of interest.

Write to similar projects elsewhere in the country, especially one similar to your own situation.

Get facts on *your* community, especially. Find out the frequency, severity, extensiveness of crisis situations in your community. Enlist the help of your police chief for information. Are police officers being asked to provide «after-hour» intervention services? Are they even trained to do so? Can they afford the time?

One of the few positive aspects of the situation, that few people know of the problem, is the fact that, of those «few», almost all have in one way or another an active interest in the very service you're promoting.

They may be social service agents, police officers, clergymen, probation officers, socio-medical agents, etc. Though they are aware of the existence of a problem, many might have been resigned to inaction due to the admittedly thorny problem of providing services at all hours. Though they know that the best time for crisis intervention is immediately after the event (be it noon or midnight), the fact is that paid professionals simply cannot be on call 24 hours a day. The cost is prohibitive.

CREATING INTEREST

The community itself, and particularly its citizens who are already involved in similar interests, needs to be sensitized to the problem. This will pay handsome dividends later on in creating change, recruiting volunteers, funding, political connections and, most importantly, the goodwill of the community.

You may start with the broad approach, speaking to as many people as you can at one time, and then narrow it down to individuals later on.

a) Public Speaking:

Address your social groups and civic clubs: The Rotarians, the Lions, the Knights of Columbus, etc. in your community. Lay out your concern about the community and the services it provides. Outline what can be done about it. Seek their support. Stress crisis intervention as «a program (that) provides both immediate and long term benefits to police and public, at modest cost.»[1]

b) Individuals:

Identify the power structure in your community. Remember that the smaller the community the more power these individuals wield. These should be one-on-one or two-on-one, face to face meetings. Be non-threatening. Get your facts right. Stress the positives. Let them know what specifically they can do to help.

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[1] Solicitor General. Criminal Justice Research - A Selective Review. Ottawa, 1981. p. 12.

STEP TWO: PEOPLE POWER

FORMING A GROUP. (CITIZEN'S COMMITTEE)

Once you have supporters of the project, have them meet together regularly to discuss a plan of action. Form a steering committee, one whose role will be in planning and executing the primary steps. Have as many representative individuals of the community as possible, such as your chief of police, probation officer, socio-medical director, etc, etc.

Remember: People Power is your most valuable and powerful ally. Members of the original RFCI Citizen's Committee were astounded at the amount of interest and support they received from people *they had never contacted.* They had heard about all the activity and wanted to know more. Again, living in rural communities can have its advantages.

TAILORING TO YOUR NEEDS

Your Citizen's Committee, formed by some of the most prominent service-providers in the area, will let you know what the problem is, as they see it. Actually, this may be the first time some of these people have gotten together to explore such things in detail. This may be an eye-opener to some of their professional lives: new lines of communication.

The community should look long and hard at their situation, then look outside to what is being done in other communities with problems similar to their's. The Consultation Centre of the Solicitor General, in Moncton, has several models where extensive studies and profiles are outlined.

Read them carefully. Find out what can work for you, and what won't. RFCI in Restigouche County is just one model, and though it has been successful in its approach, it didn't become so by being a copy-cat. So be creative, for your own sake.

STEP THREE: FUNDS

SEEKING FUNDING

Sizable amounts are available to fund such public-service, good-of-the community projects. It is your responsability to go out and apply for them. The most comprehensive source on Canadian foundations is The Canadian Directory to Foundations and Granting Agencies.

Contact the Consultation Centre. They will point out the different sources available, including the various government programs your project could fall under. Your project is right up their alley, and they have a great deal of interest in seeing it be successful.

Remember, the members of your committee may prove to be invaluable in tapping sizable veins of funding dollars. Their government, business and organization contacts can be of tremendous help.

FUNDRAISING IN SMALLER COMMUNITIES

If you live outside the major centres and the community you serve is primarily the local community, your fundraising strategy and approach can include the following resources:

a) Governments:

Governments reflect current social issues of high priority in their funding programs more quickly and closely than either foundations or corporations.

Most government funding programs have brochures available indicating eligibility criteria and guidelines, areas of interest and application procedures. Get that information before you decide whether to apply. Government funding programs have field officers who do have time to see you, and they will help you figure out if you are eligible and under what program you are eligible. They will help you with your application. Make good use of these people and try to sell them on your project, because they usually make the initial recommendation on your proposal.

If what your group is proposing to do fits in with a policy statement made by a high official or made in a government report, point this out in your application.

Don't forget to ask your local MP to endorse your project.

b) Corporations:

A funding strategy arises directly from your statement of objectives. If your objectives are clear and specific, they will help you to answer the question: «Who is being served by my organization?»

The next question to ask is: «Who has a direct (or vested) interest in the kinds of people we are serving?» It's best to conduct this process with a group of people, perhaps your whole staff or board of directors and a few outsiders who have a broader view of the organization. The technique is brain-storming and it will produce some clever or uncanny results.

c) Foundations:

Foundations tend to specialize their funding in one or more of three ways: by restricting their giving to a geographical area; by defining specific areas of interest; and by defining the type of funding they will give. Most foundations will not contribute to individuals or deficits.

STEP FOUR: SETTING UP

ORGANIZING

a) Professionalism:

Looking and especially being professional will help establish your group as a serious entity. Those funding your project need to know of your credibility and responsability. (Fly-by-nighters need not apply).

From the beginning, keep proper records and files. Set up your office as if you would a business. Make a plan, make a budget, make it work.

Your town/village/city possibly has an empty office it can let you use, free of charge. Various departments will have office furniture it can lend, or business machines you can borrow. Again, your Citizen's Committee contacts will be the key here.

b) Incorporation:

Incorporate your group as a non-profit organization. You will be able to accept donations and issue proper receipts for income-tax purposes. Also, incorporation limits the financial responsabilities of individual members. More detailed information on incorporation follows this chapter.

c) The Coordinator:

Hire a coordinator, preferably someone from your community, to take on the day-to-day operation of the project. Skills required of a coordinator are: human relations attributes, administrative abilities, a knowledge of total agency program, and personality traits including intelligence, flexibility, maturity, diplomacy, leadership, warmth, compassion, objectivity, positiveness, empathy and enthusiasm as well as an ability to communicate both orally and in writing.[2] His background should be closely related to the subject: criminology, sociology, psychology, etc.

The sooner you can bring him into the project, the better. At best, he/she should be involved in the project planning from the outset.

Have him read everything available on the subject. Then he should spend some time in a kind of «internship» at some similar crisis intervention unit, preferably one closely ressembling your situation (rural, city, etc.).

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[2] A Manual for Volunteer Program Development, by Glena Kent, Indiana.

RECRUITING

One of the most important responsibilities of the coordinator will be in recruiting, screening and training interveners not only at the beginning but on an ongoing basis. Normal turn-over is to be expected and should be prepared for.

The committee has an important role to play here also. Their knowledge of the population, of individuals predisposed to this kind of work, will be effective in the first stages. Often we have found that police officers were the most knowledgeable in supplying leads. Word-of-mouth invariably will bring in several names, and can be used in the long range to secure replacements. However, be sure to explore other methods to back up the original.

Remember that many of your volunteers themselves will have had crisis situations in their past. This is a major motivating factor.

SCREENING

In a preliminary interview, the coordinator meets the volunteer to familiarize him/her with the work, and to explore the interests, motivation, ability, etc. of the volunteer. A second meeting is then arranged, this time in the presence of a police officer of the area to be serviced.

This helps secure a good working relationship with the police detachment the intervener will be working with. Some mutual trust and respect is essential to the effectiveness of both.

The volunteer is offered scenarios and asked how he/she would handle it. His/her personality and disposition is thereby observed. The volunteer's knowledge of basic people skills, his/her predisposition for «caring», his/her knowledge of referral organizations, etc. are evaluated.

After the screening has been completed, the volunteer is invited to the intensive training session. In the meantime, he/she is encouraged to read up as much as possible on the subject matter. RFCI keeps a highly specialized library in its Campbellton office for precisely this kind of usage.

TRAINING

An intensive training period is arranged for all the volunteers together with the police officers with whom they will be working. These training sessions will be repeated from time to time throughout the year. New and seasoned interveners are encouraged to share their experiences.

On his/her first few calls, the volunteer is accompanied by the coordinator. The first call may be handled almost entirely by the coordinator, but the second is usually reserved for the volunteer. The coordinator will observe and offer feedback, pointing out where the volunteer succeeded and where he/she was less effective.

The volunteer is encouraged to learn by doing. Later, when the coordinator is no longer directly involved, the volunteer intervener's progression is surveyed through the observations of the police officers with whom he/she is working.

In most cases, it has been proven that the training is effective, that problems can be ironed out, and that an effective intervener can handle almost all cases from that point on.

INTERDISCIPLINARY LINKS

Proper resolution could never happen without the concurrent involvement of the different service-providers in the community. The volunteer is trained to know and use these referral organizations for the benefit of the client. Though the volunteer will do everything in his/her power on a short term basis, long range, more intensive care can only come from the professional, traditional service-providers (those focusing on alcoholism, psychology, legal aid, etc.).

The committee, essentially formed by members of these groups, will be the vital link in channeling their energies to proper conclusions.

Be sure to have your Citizen's Committee meet on a regualr basis. Let them iron out together any problems early on, before they become major ones. Keep the working relationships fluid and effective. Also keep in mind that they themselves must answer to their own bosses; that their workload may be high, their time restricted; so don't put too many demands on them.

Keep your volunteers in touch with any new developments concerning services.

Have the coordinator keep in close touch with all organizations to be sure that the relationships are kept alive and effective. It is a coordinator's responsibility to be sure that no toes are being stepped on.

IMPLEMENTATION

There will come a day when your first call will come in, and a volunteer intervener will go out to resolve a crisis situation. It's an important event. Not only has a new service come to your community, but a whole new outlook in community responsibility has been created.

The volunteers, the Citizen's Committee and the various supporting agencies are all part of the community. Their participation is paying dividends in their sense of achievement and communal responsibility.

The clients themselves, perhaps long accustomed to an «organization» or «authority figures» *telling* them what to do, will feel the change most intimately. Someone they know, someone they can relate to, is concerned about *them*.

This sense of achievement and participation, shared by everyone concerned, may well be more precious than even the highest salary.

FINDING YOUR VOLUNTEERS

WHO ARE THEY AND WHERE DO YOU FIND THEM

THE INTERVENER

INTERVENER CHARACTERISTICS

1. Has an interest in helping fellow human beings; he is caring;
2. has the ability to empathize with the problem;
3. has tact, and a sense of responsibility;
4. is resourceful, shows initiative and imagination;
5. is cheerful, a good listener;
6. shows genuine interest in the program;
7. can be depended upon when on call;
8. can conduct intervention in an appropriate manner;
9. is non-judgemental (open-minded);
10. is emotionally stable;
11. can cope with stressful situations without becoming anxiety prone himself.

RESPONSIBILITY

In general, the intervener helps a client identify problems, examine alternatives, and set realistic goals. The intervener provides resources and emotional support and helps link the problem to a solution. The main responsibility of the intervener is to use the crisis in such a way as to maximize the opportunity for positive changes in a family situation.[1]

In addition to this, interveners are also expected to:

1. Attend training workshops arranged by the Coordinator, and strive generally to improve themselves through study and experience;
2. be aware of community resources, particularly in regard to personal services;
3. report to the Program Coordinator any problems or unusual circumstances concerning the client, for appropriate action;
4. fill out all reports concerning clients visited, to be submitted at periodic meetings with the Program Coordinator;
5. after case completion, provide feedback to the police officer about the outcome;
6. meet periodically with the Program Coordinator, police officer(s) and other interveners to analyse cases and offer feedback;

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[1] RFCI Second Annual Report, by Gérald Daigle, 1982, Campbellton, NB.

7. respect the client's privacy;
8. not to become personally involved with a client.[2]

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[2] RFCI Third Annual Report, by Gérald Daigle & Jean Dupuis, 1983, Campbellton, NB.

PRELIMINARY INTERVIEW

Before the interview begins it is a good idea to let the volunteers know:

1) how many positions are required
2) how the selection process will be conducted
3) how long the interview will last
4) how and when they will be notified about final selections.

In this way you can eliminate some of the anxiety or misconceptions the applicants may have about the interview. You also want to ask if there are any concerns or questions they would like answered before the interview begins.[1]

Outline your program and how it works, its philosophy and its goals. It is a time to share with the volunteers not only the exciting and positive aspects of your program, but also the frustrations, failures and the emotional strains which may be part of your service.

Impart to the volunteers the nature of their role in the grand design, how they will be able to contribute and be part of the team.

Try to establish rapport. Ask each volunteer about how he feels about the program, his reasons for wanting to join, his special insights and past experiences.

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[1] The Effective Coordination of Volunteers, by Lorraine Laffata. Rockville, MD, 1980.

Structure open-ended questions which will reveal the volunteer's strengths and weakenesses. Allow him to speak as much as he pleases (within reason) avoiding interruption or «steering an answer».

Note the volunteer's personality as well as his skills. Most importantly, look for the volunteer's ability «to care», which is the intervener's single greatest asset in this kind of service; with listening skills, sensitivity, empathy and flexibility running close seconds.

SECONDARY INTERVIEW

Those who have passed the initial interview will be interviewed again: this time in presence of a person or persons closely related to the project. Most probably, this should be a police officer from the area in which the volunteer will be working. Having another intervener, or a member of the Board of Directors, can also be of help, though not strictly necessary.

Present the volunteer with an imaginary situation, some kind of crisis event where the volunteer can visualize his presence. How would he handle it? What would be his reaction to such and such? What else could be done for this (these) person(s)?

Note the volunteer's communication skills, his reasoning powers. How much knowledge does he have of existing services in his community? How is his «feel» for people? Make sure you have questions that will give you some sense of the prospective volunteer's potential to develop these qualities.

Remember that for both the preliminary and secondary interviews, you should schedule them so that you have at least a fifteen minute break after each to get time to reflect and ponder, to get a well-rounded impression of the applicant.

INTERVIEWING SKILLS

When interviewing the perspective intervener, skills in communication are important in drawing a more complete picture of the volunteer and his motivation. Here are a few hints in establishing good communication contact:

OPEN-ENDED QUESTIONS

Allow the speaker lee-way to elaborate as much as he likes, encourage him to make himself understood. Ex: .«Give me an example» «What does that mean for you?» «Tell me more».

ACTIVE LISTENING

A sort of «reading between the lines» using your ears. What is the hidden meaning of a statement? The interviewer tries to interpret underlying emotions or concerns of the volunteer; responding in a short, neutral statement. Ex: If a person says «I despise all violence», ask «Does that mean you want to help victims of violence in this community?»

CLARIFICATION

Interrupt the speaker to ask about what was just said. Indicate an interest in details and a concern for what was really said. Use only when the volunteer has finished as segment of the story. Use sparingly.

SUMMARIZATION

Demonstrate interest in the speaker and what he has said by recounting the story so far.

ALLOW SILENCE

Demonstrate your sensitivity to the speaker, allow him to collect his thoughts.

STATE THE OBVIOUS

Reduce the speaker's confusion by making clear statements of fact: «I know this is all very new to you», etc.

REJECTING THE APPLICANT

When the coordinator and/or policeman feel it is necessary to reject a volunteer, it is important that this be done through a personal meeting. It is helpful to the volunteer on a personal level if the coordinator explains why he was not accepted. This feedback can be extremely valuable for the rejected person.

The time spent interviewing and screening applicants is a good investment in the project's future and the accomplishment of its goals. Before you make a heavy investment in training your volunteer staff, be as sure as possible that each has the basic maturity, intelligence and commitment necessary to make a meaningful contribution.

OPERATION

KEEPING THE BALL ROLLING

ADMINISTRATION

Once you've succeeded in setting up the operation, everyday necessities will come into play. Day to day administration means taking care of the details, and the best person to do this is the coordinator. He/she must keep the books, write the checks, organize the files, write the letters, pay the bills, and generally carry out the traditional administrative duties.

But much more than this, the coordinator plays the key role of coordinating the myriad aspects of the operation. He/she will be the single most involved person in the project: the central link between the set of objectives of the Board of Directors, and the teams of interveners on the front lines.

The budget, as prepared by the coordinator and approved by the Board of Directors, needs to be followed. An example of a typical RFCI budget is:

R.F.C.I. Budget Breakdown

1983/84

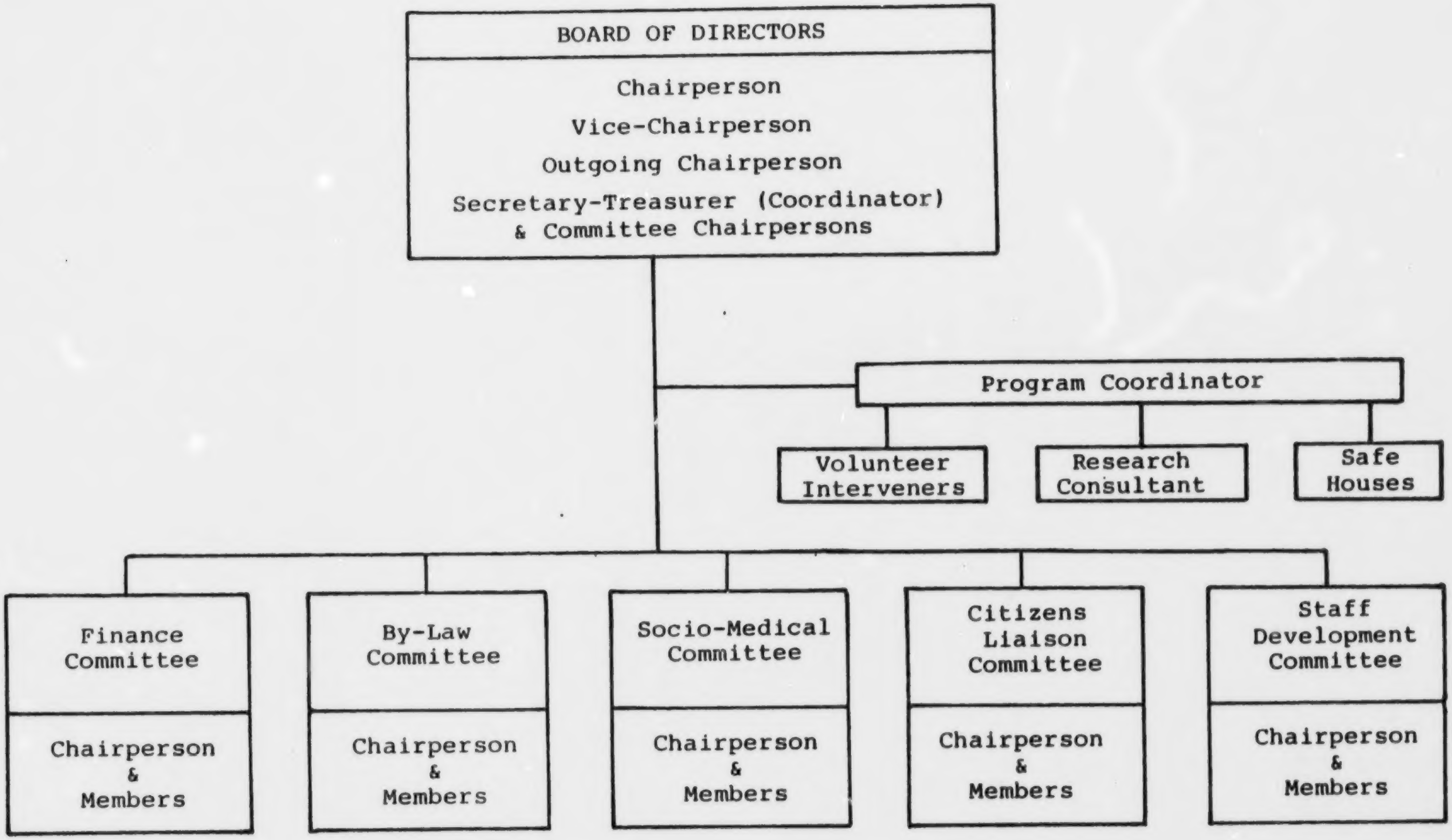
Interveners Salaries		$ 3,200.00
Mileage		750.00
Shelter)	For clients in need	2,525.00
Food)		200.00
Stationary		600.00
Co-ordinator's salary		28,736.00
Co-ordinator's benefits		2,540.00
Co-ordinator's travel		3,465.00
Training		1,600.00
Advertising		250.00
Library		100.00
Telephone-office		250.00
Telephone-beepers		1,000.00
Secretary 1/2 time		3,974.00
Miscellaneous		250.00
		$49,440.00

REGULAR BOARD OF DIRECTORS MEETINGS

The Board of Directors should meet at least once a month. The Board is formed by a Chairperson, Vice-Chairperson, Secretary-Treasurer (who can also be the Coordinator) and the Chairpersons of the various Sub-Committees.

Many responsibilities are handled by these Sub-Committes, especially the study and completion of various projects or responsibilities. For example, the funding committee will establish contacts individually (preferably several each) to solicit funding and support. A By-Law committee will be establishing a set of standards, etc.

Regular meetings also help keep regular channels of communication open. Sometimes this direct contact will help head-off potential problems before they happen. Also, brain-storming by key individuals can produce dramatic results in creating change, motivating, and problem fixing.


BOARD OF DIRECTORS
Chairperson
Vice-Chairperson
Outgoing Chairperson
Secretary-Treasurer (Coordinator)
& Committee Chairpersons
Program Coordinator
Volunteer Interveners
Research Consultant
Safe Houses
Finance Committee
Chairperson & Members
By-Law Committee
Chairperson & Members
Socio-Medical Committee
Chairperson & Members
Citizens Liaison Committee
Chairperson & Members
Staff Development Committee
Chairperson & Members

SETTING GOALS TO GAIN DIRECTION

Continuing operation requires a follow-through of consistent administrative actions to ensure that all goals are being met. By setting up short-term, mid-range and long-range goals, you can visualize all of the steps required in establishing implementation and maintaining proper momentum and direction.

As an example, here are the original RFCI goals:

IMMEDIATE OBJECTIVES

1. To provide to each of the five (5) police detachments in Restigouche County a team of trained interveners available 24 hours a day; seven days a week, to intervene in family crisis situations.

2. To provide, in a rural setting, refuge for emotionally and physically abused women and children (accompanied by a guardian) and to other individuals who need immediate removal from their homes to a safe place for a period of time (approximately 72 hours).

3. To maintain a citizen's committee comprised of members of all committee services.

INTERMEDIATE OBJECTIVES

1. To alleviate the suffering of family violence by offering to the victim(s) immediate emotional support at the time of crisis.

2. To encourage families and family members victimized by violence to seek help voluntarily from service agencies.

3. To shorten the gap between the time a crisis occurs and the time it takes to be seen by an agency, while giving appropriate moral support during that period of time.

4. To increase the level of co-operation between existing community services dealing with families and individuals facing major difficulties.

5. To reduce the number of chronic callers phoning the police or at least the frequency of their calls.

ULTIMATE OBJECTIVES

1. To provide ongoing service to the communities by increasing neighborhood cohesiveness.

2. To reduce the man-hours the police must spend on quasi-criminal matters.

3. To reduce or contain actual physical violence and the threat of violence and to protect family members from harm, assault and injury. Also, to reduce the incidence of homocide and suicide.

4. To raise the community's awareness to the problem of family violence by educating the public prior to a crisis developing e.g., through on-going seminars aimed at the public.

As one can see, the clear defined objectives gave direction and, especially, an essence. These helped in defining solutions, implementing and improvising as newer one's occurred.

A committee cannot achieve all its goal by setting rigid systems; and it can reasonably assume that somewhere along the line something will go wrong.

Brainstorming by Committee members helped to implement the goals, and the same system will help in «fine-tuning» the operation, keeping it on proper course.

INCORPORATION

HOW TO GET IT

An incorporated body is a voluntary association that:

1) has limited liability which protects its members from being personally responsible for the debts or deeds of the association,

2) has a seperate legal existence,

3) can exercise all powers which are available to individual persons,

4) can own property, contract mortgages, and sue in the courts in its own name,

5) can be sued as an entity,

6) can easily transfer its interests,

7) continues its existence irrespective of what happens to individual members,

8) can raise capital and solicit donations for which a receipt can be given to the donor for income tax purposes, if the corporation is a *registered Canadian charity* under the Income Tax Act.

INCORPORATION PROCEDURES[1]

1. Verify the suggested corporate name with Consumer and Corporate Services branch of the Department of Justice of your province for public ground objectionability.

2. Determine the amount of real and personal property (a) on hand, (b) to be immediately acquired, and (c) possible future acquisitions, to set the incorporation fees.

3. All applications must be completed on specific forms.

4. Locate a Commissioner of oaths to witness and sign the legal transaction.

5. Assemble four (4) executive members; usually the president, vice-president, secretary and treasurer, accompanied by one other (1) member of the organization to complete and witness the drawing up of the application in the presence of a Commissioner of oaths.

6. Purchase red seals to be affixed to the memorandum of agreement.

7. A cheque in the amount determined by the schedule of fees plus an additional $10.00 for publication in the Royal Gazette should be attached to application. This cheque should be made payable to the «Minister of Finance».

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[1] Adapted from «How to Incorporate», New Brunswick Department of Youth and Recreation, Fredericton, N.-B.

8. Corporate Services Division Requires:
   - one copy of the memorandum of agreement
   - one copy of the affidavits
   - three copies of the application (original plus two copies)
   - a memo indicating the name, address and telephone number of a contact person from the organization to whom «Letters Patent» (charter) and any further documentation should be forwarded.

9. Forward duly completed legal documents and required photocopies to the Consumer & Corporate Branch of the Department of Justice of your province.

10. Upon receipt of documentation, Consumer and Corporate Services Branch will forward the Letters Patent to the organization in question (in approximately one week).

CORPORATE BODY RESPONSIBILITIES

The group receiving a legal seal is required to:

- maintain a continual financial journal
- record minutes of all meetings
- keep a register of members and their classifications
- retain a good corporate standing by completing an official annual return of corporation
- inform, within fifteen (15) days, the provincial Consumer and Corporate Services Branch of any change of directors
- provide, within fifteen (15) days, the proper notice of address change, of service office (head) to the Provincial Consumer and Corporate Services Branch.
- utilize in full, the legal and corporate name of the company in all transactions
- include in all correspondence and transactions the assigned corporate number

After legal incorporation under the statutes of the Province of New Brunswick, the Corporate Services Division of the Department of Justice decrees that an annual return of corporation be filed within thirty (30) days of the organization's anniversary date.

Furthermore, to assist community organizations, the Provincial Corporate Services Division will forward, on an annual basis, the necessary forms to file such a return.

Many organizations, in time, acquire additional real and personal property.

As such, said organizations should seek supplementary letters patent to increase the maximum allowable cost value of real and personal property.

REGULAR MEETINGS WITH INTERVENERS

LOCALLY

The dynamics between the intervener and the objectives flow through the guidance of the coordinator. He/she meets the different teams regularly, perhaps once a month, in their locality, to offer support, guidance and motivation. They share insights on the interventions they have performed during the past month, what the results were, any special problems encountered, etc.

The officers appreciate these sessions due to the obvious «follow-through» that is usually performed in a successful intervention. They can follow the progression of the family's stabalizing; know that the family (or individual) has indeed gone to the community service institution (marriage counsellor, A.A., etc.) as recommended; and generally see the reduction of «habitually recurring» and «problem-family» cases.

The relationship between intervener and officer is, at its best, one of trust and mutual respect: the appreciation of each others' roles.

CENTRALLY

Twice yearly, major training sessions are held where interveners refresh their skills and learn new ones. Held over a two day period, interveners get a chance to mix in a non-pressure situation, offering mutual support and camaraderie.

Because interveners may have varying degrees of experience, a broad based teaching itinerary should be designed to accomodate all needs: general review for the rookies, and new specialized material for the experienced. Groups are mixed so as to bring everybody up to approximately the same level.

USE EVERY TOOL YOU HAVE TO TRANSMIT INFORMATION

Blackboard, quizzes, audio-visual aids, films, invited speakers, role playing, small group discussion, etc.

MOTIVATION

A major motivating factor for some of the interveners is that they, themselves, were once victims of or suffered the effects of a crisis in their past. Their desire to help others caught in the same circumstances helps in explaining how they can undertake such difficult responsibilities. They are the best judges of just how important a helping hand, or even just someone to talk to, is during those troubling times.

Part of what keeps them going is the satisfaction of helping, of caring and of doing something they themselves can be proud of. Acceptance and support from their peers is important.

If a volunteer is doing or has done particularly good work, it is good for the coordinator to notice it and even praise it. Plaques, medals or citations will only go so far. The thanks given verbally from someone they respect and look up to is worth much more.

It is this personal relationship that will keep volunteers going even through the hardest times. Take a moment to thank those worthy of it. They deserve it.

DIPLOMACY

There will be occasions when interveners, policemen or service providers have their differences - perhaps complaints of some type or other.

It is best that these be channelled through the coordinator. The last thing you need is some petty problem disrupting the group or its efforts. Any direct confrontation at the front lines will create dangerous repercussions throughout the system.

When the problems are real and need to be dealt with, the coordinator is the best instrument to create change: as moderator, lobbyist, defender or spokesman.

USING THE BEEPER

An intervener is on call 24 hours a day, for seven days straight. Normally, this being «tied to the phone» could have a negative draining effect on the interveners' lives: disrupting their normal life habits and contributing the stress

The RFCI has neatly resolved this problem by rental of mobile paging units available from the phone company. As the interveners begin their shift, they receive the pager which remains at their side always. They can be reached anywhere, anytime, using a special number known only to the police and secure people, yet it allows them enough liberty to go about their lives normally (shopping, exercising, sleeping, etc.).

Interveners appreciate the convenience that this system has brought to their routine; they suffer no undue disruption yet they remain in immediate contact should the need arise.

VOLUNTEER BURN-OUT

A common problem that the volunteer coordinator must deal with is «burn-out». Burn-out frequently occurs among staff and volunteers of many human service agencies, particularly where workers are often faced with crisis situations. The burned-out volunteer may be either over-involved or under-involved with his/her clients. In either case, he/she is unable to maintain the optimum distance from the job. Some of the symptoms of burn-out are:

1. Frequent physical illness or exhaustion.

2. Excessive complaints about clients and the amount of trouble they pose.

3. Cynicism, depression, unhappiness.

COMBATING BURN-OUT

1. Clinics:

   Volunteers meet once monthly to discuss problem issues and/or clients, to share information, and to get recognition and support from the other team members. The small group is best effective.

2. Individual conferences:

Arrange a private meeting with the volunteer, preferably somewhere where you can give the volunteer your undivided attention.

Try to identify the problem with him/her. Does the volunteer have too much work? Is one particular client especially difficult? Is there conflict with any one individual? Is the difficulty related to the volunteer's personal life?

Assess the steps (if any) that can be taken to solve the problem. Perhaps the volunteer needs a break from client demands. Can the volunteer clarify and separate his or her own feelings sufficiently to continue working with the difficult client(s)?

If all else fails, remember that there are times when you can do nothing. Some volunteers will be overwhelmed by the work and ask to leave for periods of time or even quit. The coordinator should not feel that he/she has failed because one volunteer chooses to leave. Instead, the coordinator must respect the volunteer's decision and help make the volunteer's departure as amiable as possible.

THE RURAL SETTING

The coordinator's ability to provide effective service to rural population is tied closely to his sensibility and responsiveness to its special problems and concerns. The attitudes, habits and perceptions of the rural residents are different from the urban residents, in some cases greatly so. Once again, you need to tailor your program to your circumstances, and for a rural setting we recommend you establish:

CREDIBILITY

In small communities, anonymity is impossible. You are quickly identified by your job, particularly if you have no roots in the area. Referrals will depend upon your performance and your perceived effectiveness. It is very important to provide referral sources with a realistic description of what you can and cannot do. Be careful not to exagerate the extent of your ability. Your effectiveness (or lack thereof) will quickly become apparent to the community.

ACCEPTABILITY

Be prepared to become part of the community. «Outsiders» are viewed with caution and distrust. If you are physically or emotionally aloof, you set yourself up to be too easily discounted. Your ability to influence families is in some ways tied to your communities' acceptance of you personally.

AGILITY

Most probably, you will not find all of the resources to meet the specialized needs of the community. The Social and Health delivery systems will offer mostly basic services. You must help to organize the community to develop its own resources in order to fill in gaps in services. (*Ex:* Safe-houses).[1]

OTHER CHARACTERISTICS OF A RURAL SETTING INCLUDE

- General conservatism and resistance to change
- Mistrust of strangers and of «strange ideas»
- Closed social/family circles
- Long distances and sparse population densities
- Occasional backwardness; retention of old-fashioned values (*Ex:* Beating your wife is acceptable, etc.)

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[1] RFCI Third Annual Report, by Gérald Daigle & Jean Dupuis, Campbellton, NB, 1983.

According to some studies[1, 2] it was found that people in rural areas were less likely than those in urban areas to respond to traditional social service delivery.

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[1] «Characteristics of Community Mental Health Center Operations in Small Communities», Wedel H. Community Mental Health Journal, 1969, #5.

[2] The Dynamics of informal helping Networks: «Implication for Rural Service Delivery» by Raymond T. Coword, Rural Mental Health Services, Madison, Wisconsin, 1981.

RURAL SETTING AND THE CLIENT

A fundamental problem for many rural clients and service providers is geographical isolation. Here are some of its outlines:

- No public transportation. An abused wife, for example, cannot «get away» except by using a private vehicle and often the only one available is the abuser's.

- Geographic isolation complements and compounds emotional isolation.

- In extremely isolated areas, phone service may be party-lines or even non-existent.

LIMITED RESOURCES CAUSE OTHER PROBLEMS

- Access to police and to the courts is limited; they are fewer in number and accessible for fewer hours daily.

- Community consciousness about certain behaviours (such as battering) is often poor.

- There are less services for women, - less jobs, child care, housing, health care, social services, legal/judicial resources.

- Program resources are limited. Local money is tight.

- Extreme weather conditions often exagerate isolation, particularly in winter.

- Hunting weapons are common in almost every home. Everyday tools are also potential weapons: axes, chains, mauls, knives and chainsaws.

- The alcoholism rate is high in rural areas.

- «The big city» (of only perhaps 15,000 people) is intimidating to certain rural clients, who must go to the city to find safety or services. City attitudes may seem strange and unaccepting of their ways. Traveling to the city may create a new, additional crisis.

ADVANTAGES

- A strong sense of community
- Less class distinctions; middle class and working class live side by side and share similar lifestyles.
- A complex web of interrelationships usually exists, a virtual «informal support network» of friends, neighbours and relatives.
- Interveners represent a diverse sampling of the communities served, and this helps one-on-one public education.

PREPARATION

GETTING READY FOR YOUR WORKSHOP

INSTRUCTOR

PREPARATION FOR THE WORKSHOP

Contact the sponsoring group for whom you are presenting the workshop. Let them know exactly what you will need from them. Here are some ideas:

1. Check to make sure the area designated for the workshop is suited for teaching:
    a) Is it large enough to handle your group?
    b) Are facilities (overhead projector, blackboard, etc.) all available?
    c) Is it quiet, not plagued by disturbing noises?
    d) Is it comfortable? Is there enough light, chairs, desks, bathrooms, etc.?

2. If you are going to borrow films for your workshop, you can have them ordered through your sponsoring group and delivered to their office. This will prevent you from carrying heavy films on the plane/train/bus from home to the workshop to home again.

3. Ask the sponsoring group to prepare a mimeograph listing of the different services in their area. It would also help if they could supply someone who is familiar with the services to explain to them how the listing works.

4. Be absolutely sure you coordinate your schedule correctly with everybody. Have someone from the sponsoring group meet you at the airport/train station/bus depot to ensure you don't get lost and late for class. Remember, class can't start without you!

TEACHING

HOW TO TRANSMIT CRISIS INTERVENTION SKILLS

PRINCIPALS OF LEARNING

There are laws to learning, just as there are laws in physics or chemistry. They apply to all learning, the art of acquiring new insight, skill or behavior; and they should be kept in mind by all instructors as they learn to teach their students.

PRINCIPAL OF READINESS

«A student must be physically, mentally and emotionally ready to learn». This covers everything from the student's physical surroundings (classroom) to his background knowledge and intelligence and to his strong desire to learn.

PRINCIPAL OF BELONGING

«A student must see the relationship between new and old facts, ideas and skills». Learning occurs most readily when he sees the relationship between new and old facts, new and old concepts, and new and old skills.

PRINCIPAL OF EFFECT

«Learning comes mostly from satisfying experiences». When the learner can achieve success, when he is informed of his good progress, when assignements are challenging but interesting, it will certainly be learned more than if the students were rapped on the fingers for every «mistake».

PRINCIPAL OF EXERCISE

«Meaningful mental or physical activity is essential to learning». In other words, practice makes perfect.

PRINCIPAL OF RECENCY

«Last things learned and practiced will be remembered longest». At the end, always review the main points of the lesson.

PRINCIPAL OF INTENSITY

«If the stimulus (experience) is vivid, there is more apt to be a change in behavior (learning)». Realism, impact, drama, the unexpected, and shock value all assist the learning process.

WHAT IS LEARNING

The end result of the learning process can briefly be said to be: the acquisition of one or a combination of knowledge, skill, habits, attitudes and ideals.

A METHOD FOR EFFECTIVE TRAINING: STRUCTURED LEARNING [1]

Structured learning training consists of four procedures, each of which has been shown to have a substantial and reliable effect on learning. These procedures are modeling, role playing, social reinforcement (or other corrective feedback) and transfer training. In each training session, typically involving one or two trainers and eight to twelve trainees, the trainees are:

1. Played a brief videotape (or shown live models) depicting the specific skill behaviours or learning points that make up effective intervener action. (Modeling)

2. Given substantial opportunity and encouragement to rehearse or practice these behaviours in a dramatic setting. (Role playing)

3. Provided with corrective feedback, especially in the form of approval or praise, as their role playing becomes more and more similar to the taped or live model. (Social Reinforcement)

4. Asked to participate in all of these procedures in such a way that transfer of newly learned behaviours from the training setting to real-life intervention settings will be highly likely. (Transfer Training).

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[1] Adapted from «Instructional Techniques Course», «N» Division of the RCMP, Ottawa, 1972.

MODELING

Modeling, often also called «imitation» or «observational learning», has been shown time and again to be an effective, reliable and rapid technique both for learning new behaviours or skills, and for strengthening or weakening previously learned behaviors or skills. The variety and sheer number of different behaviours learned, strengthened, or weakened due to seeing models engage in the behaviour is quite impressive. To maximize volunteer learning, the instructor is to be familiar with those characteristics of the model himself, of the way the modeling behaviour is shown, and of the volunteer, all of which make learning from modeling more likely to occur.

a) Model Characteristics:

Greater modeling will occur when the taped, filmed or live modeling display shows the model(s) performing the behaviours we want the trainee to imitate:

1. In a vivid and detailed manner.
2. In order from least to most difficult.
3. With considerable repetition.
4. With a minimum of irrelevant detail (behaviours not to be imitated).
5. By use of at least a few different models.

b) Trainee Characteristics:

Greater learning by imitation will occur when the trainee:

1. Is instructed to imitate.
2. Is similar to model in background or attitudes.
3. Likes the model.
4. Is rewarded for engaging in particular behaviours.

ROLE PLAYING

If trainees are to learn something, they must try it. To try many behaviours relevant to effective intervention functioning under safe, or non-critical, conditions, there must be a somewhat «pretend» quality to the try out. As role playing is used in this exercise, this «pretend» quality is minimized, while the quality of the realism is maximized. Intervener-trainees do not act out a script prepared for them in advance but, following the exact learning point outline illustrated in the modeling display, act out the learning point behaviours as they think would be most effective for them.

Thus in this exercise role playing is not just acting, or psychodrama, or general simulation. It is, instead, behavioural rehearsal - made real for the trainee in almost every respect possible.

SOCIAL REINFORCEMENT

In this exercise, both trainers and other trainees in the group have the responsibility of giving corrective feedback to the trainee who has role played. Most of the feedback involves telling the trainee how well his role-play enactment of the skills learning points matched the same learning points as portrayed by the model on the modeling display. As the trainee's role playing becomes more and more similar to the model's enactment, the feedback increasingly takes the form of approval, praise, compliments and similar social reinforcement - positive feedback. It is this type of feedback which provides the motivation and incentive to continue performing well what the role player has learned. Reinforcement need not always be totally positive. Constructive criticism, when appropriate, can also be an effective training tool.

THE EFFECT OF REINFORCEMENT ON PERFORMANCE IS INCREASED WHEN

1. There is minimal delay between the completion of the behavior to be reinforced and the delivery of the reinforcement or reward.

2. It is made clear to the trainee which specific behaviors are being reinforced.

3. The nature of the reinforcement being offered is actually perceived as a reward by the trainee.

4. The amount of reinforcement being offered is actually perceived as a reward by the trainee.

5. After making sure the trainee is performing well, the trainer reinforced only some, but not all, performances of the behavior.

TRANSFER TRAINING

To maximize the chances that the trainee will be able to transfer his training gains, you are encouraged to reflect the following transfer training principles in your training procedures.

GENERAL PRINCIPLES

Transfer of training is increased by providing the trainee with the general principles, reasons or rules which underlie the procedures and techniques being taught. If the intervener trainee understands why certain of his behaviors are likely to lead to certain client reactions, he is more likely to know how and when to apply these behaviors when intervening.

RESPONSE AVAILABILITY

Transfer is increased if trainees are asked to perform the correct behaviors not once or twice, but many times.

IDENTICAL ELEMENTS

The greater the similarity between the training setting and the application setting, the greater the transfer.

PERFORMANCE FEEDBACK

The evaluations and reactions of other people to things we do determines to a great extent whether or not we keep doing them. Our training program can get new skill behaviors started, the other three transfer-enhancers can help keep it going, but the feedback trainees get will be expecially critical for its continuance.[1]

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[1] Instructional Techniques, RCMP, Ottawa, 1972.

THE «GUIDED DISCUSSION» METHOD

Group discussion is a common part of everyday life. Everyone participates, shares his ideas and opinions and the whole group benefits from the experience of the participants.

The difference between a «bla-bla» session and a «guided discussion» is that the latter is controlled by an instructor who, through the use of prepared questions, ensures that the discussion remains fruitful and moves towards predetermined goals. He acts as a moderator and does not participate in the discussion, except to bring it back on track if it digresses.

PHYSICAL SET-UP

The «Guided Discussion» may be conducted anywhere and is not dependent on the existence of a formal classroom: either physically or attitudinally. There are a few requirements, however:

1. The group should be seated face-to-face, so that every member can see the face and respond to the gestures, as well as the words of every other member.

2. There should be freedom from noise and distractions, so that all can talk and hear without strain or raising the voice.

3. The room must be suitable to accommodate the group comfortably. Usually there are between six and twnety people involved.

USES

Because of the great amount of student participation and interest inspired naturally from this method, we recommend its use. It is an effective method for adult education. It can be used to teach:

1. Small groups of students - usually between six and twenty. The group should be small enough so that everyone has the opportunity to talk, large enough so that there is considerable variety in experience and action.

2. Principals and policies of leadership, management, operation and opinion.

3. A plan of action.

4. Topics of mutual interest.

RESPONSIBILITIES

1. Discussion leader:
    a) Researches the topic to be discussed,
    b) prepares questions to lead discussion along planned course,
    c) arrives prior to students and prepares room for discussion (round table, U shaped, etc.),
    d) guides the discussion, keeping it on track,

e) ensures that all participants have an opportunity to talk, invites reticient students to state their views, does not allow any one person to monopolize the discussion,

f) remains flexible and

g) refrains from «taking sides».

2. Group Participants:

a) Prepare for discussion by reading and thinking about topic, viewing films on subject, etc.,

b) listen thoughtfully,

c) ask for clarification, when necessary,

d) share responsibility for making discussion productive,

e) do not carry on «private conversations» between themselves, and

f) do not attempt to force acceptance of own points of view.

ADVANTAGES

1. It promotes constructive and individual thinking.

2. It permits free interchange of ideas between the instructor and the participants. The students share their experiences with others and get their reactions.

3. Participants gain insight into their own behaviour.

4. It encourages the students to develop abilities to work as a member of a team.

5. It assists in developing self-confidence in group situations.

6. When it is used effectively, it usually establishes friendship, understanding and acceptance.

CONSIDERATIONS

1. Keep things moving.
2. Try to involve everyone intellectually, make them think.
3. Use humour as a relaxing tool, but only moderately.
4. Gently, but firmly, discourage «monopolization» by certain people, or total silence by others.
5. Try to encourage thoughtful responses, instead of flippant catch-all answers.
6. Encourage discussion and participation.
7. Before you start, be sure students have at least *some* background on subject to be discussed.

GUIDING THE DISCUSSION

1. Set a permissive atmosphere as students arrive, ensure they are acquainted.

2. State theme of group discussion. Outline any facts, insights, thoughts, etc., that introduces subject.

3. Ask lead off question. If no response, rephrase question. Pick out people at random for response (everyone will notice and start paying attention, because they might be called on to answer next question).

4. If discussion is on track, do not interfere. If discussion stops, ask someone who hasn't spoken for his opinion or ask follow-up question.

5. If discussion goes off track, bring the group back to topic by either:
    a) tactful comment
    b) asking follow-up questions
    c) making a summary of points discussed so far.

6. Once anticipated responses have been achieved, emphasize each, one by one.

7. Motivate students to make use of their new understanding of the topic.[1]

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[1] Instructional Techniques, RCMP, Ottawa, 1972.

REMEMBER

«Good questioning requires the ability, native or acquired, to think quickly and easily while facing a class, to shift and change as thought progresses, and to phrase questions in clear and unambiguous terms».

- William H. Burton
Noted teaching authority

FILM

VALUABLE RESOURCES IN TEACHING

FILM RESOURCES

Here are some addresses from where you can get films and audio-visuals from. Please contact them directly for the catalogues, etc.

- THE NATIONAL FILM BOARD

P.O. Box 6100
Montreal, PQ
H3L 3H5

or

1222 Main Street
Moncton, NB
E3L 1H6
(506) 388-6101

Many regional offices. Wide selection of films. Free.

- NATIONAL CLEARINGHOUSE ON FAMILY VIOLENCE

Department of National Health & Welfare
Ottawa, Ontario
K1A 1B5
(613) 995-1050

Keeps a listing of specialized subjects. Highly recommended. Free.

- ALCOHOLISM & DRUG DEPENDENCY COMMISSION OF NEW BRUNSWICK

P.O. Box 6000
Fredericton, NB
E3B 5H1
(506) 453-2136 Attention: Film Distributor

Keeps specialized films, mostly substance dependency related but covering many things. Write early. Free.

- INTERNATIONAL TELE-FILM ENTERPRISES LTD.

  47 Densley Avenue
  Toronto, Ontario
  M6M 5A8
  (416) 241-4483 or (514) 526-4931

Good selection: videos, films. Sold or rented for fees. Preview is free.

- TASK FORCE AND FAMILY VIOLENCE

  United Way of Greater Vancouver
  1625 West 8th Avenue
  Vancouver, BC
  V6J 1T9

Have only a limited selection of films available, including on wife abuse.

- KINETIC FILM ENTERPRISES

  781 Gerard Street E
  Toronto, Ontario
  M4M 1Y5

Have only a limited selection of films available. Rental fees or sale.

NATIONAL FILM BOARD

ENGLISH FILMS

SUBJECT	TITLE
Adolescent - rebellion:	«Nobody Waved Good-bye»
- sexual behaviour:	«The Game»
- sexuality:	«Taking Chances»
Aggression (animated):	«Cat's Cradle»
Alcoholism - causes:	«The Alcoholic Within Us»
- effects on families:	«One Way Street»
- of parents, effects on children:	«The Summer We Moved To Elm Street»
Animated - dying, reactions:	«Why Me?»
- violence:	«Balablock»
	«Neighbours»
Attempted Suicide	
- adolescent girls:	«Conspiracy of Silence»
Battered Wives:	«Loved, Honored & Bruised»

Child Abuse:		«Abusive Parents»
		«Children in Peril»
		«Cradle of Violence»
		«Rock a Bye Baby»
		«Sexual Abuse - The Family»
		«Twelve and a Half Cents»
Community Involvement		
	- young adults:	«In Our Own Way»
Drug Abuse:		«An Easy Pill to Swallow»
Interpersonal Relationships		
	- intolorence, violence:	«Neighbours»
Juvenile Delinquency		
	- causes (feature)	«Paper Boy»
	- life styles	«Boys Will be Men»
	- rehabilitation	«Listen Listen Listen»
Mental Illness		
	- self help group:	«Mental Patient's Association»
Rape	- Rapist's Viewpoint	«Why Men Rape»
	- Trauma	
	- Dramatizations	«A Matter of Choice»
	- Feature Film	«A Scream from Silence»
	- Trials Simulations	«A Question of Rape»

Sexual Abuse	
- children	«Sexual Abuse - The Family»
Working Class Families	
- limited income, coping:	«The Wages of Work»
Young Adults	
- conflicts - departure from home:	«Un fait accompli»
- relationships with parents:	«Coming Home»
- stealing, implications:	«Hot Wheels (You're No Good)
- use of alcohol:	«Hot Wheels»

FILMS IN ALPHABETICAL ORDER

1. Abusive Parents*

From: Child Abuse series
25:52 col. 106C 0177 156

This film include excerpts from a panel discussion by four women incarcerated at the California Institute for Women for crimes involving child abuse, followed by an interview with Elsa Ten Broeck, founder and former director of a therapeutic daycare center for abused children and their families.

Produced by Communication Corporation, U.S.A.

2. The Alcoholic Within Us
(Les alcooliques en puissance)

25:83 col. 106C 0176 099

Written by an alcoholic, this film singles out six emotions which are thought to cause alcoholism: feelings of fear, insecurity, inadequacy, guilt, loneliness and resentfulness. These emotions are portrayed as people living in a single house. Instead of making an effort to live together and cope with their feelings, they turn to the instant solution, alcohol, to reverse their feelings. The «emotions» soon find that their solution does not work in long run.

Produced by International Tele-Film for Health and Welfare Canada. For purchase contact producer.

3. Balablok

7:27 col. 106C 0372 097
D: Bretislav Pojar P: René Jodoin

Here is an animated replay of the human comedy as amusing in its perception as in the way it caricatures man's propensity to resort to violence rather than reason. The whole arena of conflict is reduced to its simplest dimensions - cubes and balls representing opposing protagonists. Why they fight and what happens after the battle is a parody of human nature. A film without commentary. *Support material available.* (Awards: Palme d'Or, Cannes; Colombo; Buenos Aires.)

4. Boys Will be Men

29:07 col. 106C 0180 135
D: Don Rennick P: Edward LeLorrain, Margaret Pettigrew

This film takes a candid, inside look at the world of juvenile delinquency. We are shown the tough existence on the streets of Montreal, but it could be any city in North America. Some as young as 10 years of age talk about their lives of crime, the things that are important to them and the hopes they hold for the future.

5. Cat's Cradle/Au bout du fil

10:18 col. 106C 0374 056
D: Paul Driessen P: Gaston Sarault

An animated fable without words, starring some Gothic characters - witches, cloakes riders and the like - in a tale about the hungry natural world. Here the artist plays cat's cradle with ideas, especially the notion that one thing leads to another and lives from another; he supports the action with a witch's brew of sounds. (Award: Zagreb.)

6. Children in Peril*

From: Child Abuse series
24:10 col. 106C 0177 084

An ABC News documentary that provides a basic understanding of child abuse through interviews with professionals. Although some of the information is dated, this is a good general film on child abuse suitable for professional and general audiences.

Produced by International Tele Film Enterprises.

7. Coming Home

84:05 col. 106C 0173 007
D: Bill Reid P: Tom Daly, Colin Low

Here film is used as a means of letting a family look in on itself, at the differences of outlook, lifestyle, values that separate the parents and two grown sons. Completely unrehearsed, it is record on film, edited to viewing length, of a few day's visit back home on the part of the older son (the filmmaker) and of the conversations that took place among the four in a genuine though abortive attempt to reach mutual understanding. The film is an example of the communications barrier that divides many families. (Canadian Film Award)

8. Conspiracy of Silence

26:27 col. 106C 0181 1051

A dramatic film about generational differences that almost split a family apart. Anna, 15, dates Bill. Her parents don't trust her. Jack, her brother, committed suicide a year ago. Her parents disguise it as a car accident. Tension builds between Anna and her parents until she attempts suicide. Dramatic, realistic, fast-moving, this film sounds an alarm on the subject of teenage suicide. *Support material available.* A Prairie Region Production.

Produced in cooperation with the Department of Social Services and Community Health, Province of Alberta, and ACCESS.

9. Cradle of Violence*

From: Child Abuse series
19:48 col. 106C 0177 083

This is a documentary film dealing with mothers and fathers who at one time abused their children, but now have learned to love and understand them.

Produced by Magic Lantern Films.

10. An Easy Pill to Swallow

29:22 col. 106C 0178 341
D: Robert Lang P; Tom Daly, Arthur Hammond

Canadians are avid consumers of tranquilizers. This documentary, in the form of an ongoing dialogue for and against drugs, introduces us to doctors and patients who approach the issue from different angles. An «easy» pill could be a dangerous one, especially if we take it for granted.

(Award: Columbus)

11. The Game

27:56 b&w 106B 0166 023
D: George Kaczender P: John Kemeny

This is the boy-meets-girl game, but played without rules and at a time when the boy must prove himself in the chase. This black and white film from 1966 is about the much-discussed sexual behaviour of teenagers and shows that often the game starts with a challenge to his masculine ego from the boy's peer group. Few adults are seen or heard from, nor does the film take side in this game.

12. Hot Wheels

26:28 col. 106C 0179 005
D: Don McBrearty P: Don Hopkins

A story of one-upmanship that starts at a roller-skating rink and ends in death. Two girls turn down two boys for more prosperous, motorized dates. In anger, the two teenage boys steal a car, booze up and accidentally meet up with the girls. The drivers of the two cars challenged each other, and a wild race starts which ends up with a horrifying accident. A fictional film, it dramatizes a situation where pride, alcohol and wheels combine with disastrous results.

Commissioned by NFB, Ontario Region, to McBrearty Film Productions.

13. In Our Own Way

From: Adieu Alouettes series
27:12 col. 106C 0172 103
D: Jack Zolov P; Ian McLaren

«If you want to change your country you've got to start with your own milieu.» So says one of the young social animators in this film. Made in Beauharnois and St. Hubert near Montreal, this film shows how the youth of these two industrials suburbs have involved themselves in the affairs of their community in practical, constructive ways - finding the means to open a community workshop center and helping people with problems of housing, welfare, drugs - all the while rejoicing in their native environment.

14. Listen Listen Listen

82:35 col. 106C 0176 152
D: Barbara Greene P: Cynthia Scott, Roman Kroitor

This film is about a controversial educational community in southwestern Ontario where people of all ages come, either freely or referred by the courts, the psychiatric wards and the training schools. The film focuses on the «referrals» and their common struggle to install new meaning into their lives.

15. Loved, Honoured and Bruised

25:23 col. 106C 0180 030
D: Gail Singer P: Jerry Krepakevich, Michael Scott

Jeannie, married 16 years, left her husband because he physically and mentally abused her. With the help of social workers and the welfare and legal systems, she obtained a separation and started a new life for herself and her children. This film shows the various stages involved in this process. *Support material available.* (Award: Cork) A Prairie Region production.

16. A Matter of Choice

49:15 col. 106C 0178 455

How does a woman deal with the trauma of rape? Does she have any hope of justice? A glimpse of the horror of rape and its brutal psychological, emotional, and legal ramifications, this drama is not just a sensational account of a violent crime, but an exploration of the effects on the unfortunate victim.

17. Mental Patient's Association

28:40 col. 106C 0177 005
D: Richard Patton P: Shelah Reljic, Peter Jones, John Taylor

One of eight Canadians will at some time in their lives be admitted to a mental institution. This film shows how ex-mental patients and their friends formed the Vancouver Mental Patient's Association, a unique, democratically organized self-help group to assist people during the critical post-release period. Members' comments afford some insight into what has been called the «mental health industry.» A Pacific Region production.

18. Neighbours/Voisins

8:10 col. 106C 152 024
D: Norman McLaren P: Grant Munro

Norman McLaren here employs the principles normally used to put drawings or puppets into motion to animate live actors. The story is a simple parable about two people who come to blows over the possession of a flower. *Support material available.* (Eight awards, including Oscar, Hollywood, Rome.)

19. Nobody Waved Good-bye

80:00 b&w 106B 0164 110
D: Don Owen P: Tom Daly, Roman Kroitor

A story of teen-age conflict - the predicament of a youth who rebels against his parents' middle-class goals and conventions but finds the world, away from home and high school, a cold place to go it alone. Ideals are no defence when the need for money leads to shady practices. This feature film is a study of the sources of delinquency in an affluent society, mirroring many of the problems and frustrations of young people. (Five awards, including New York; London.) Available in Canada from NFB.

20. One Way Street/Les naufragés du quartier

12:18 b&w 106B 0080 116
D: Bernard Longpré P: Robert Forget

Alcoholism is the subject of this animated film. Stark line drawings portray the vicious cycle of drinking and family break-up, as the head of a family drinks to forget the drudgery of his life. The consequences are disastrous. A film without words, in which images speak volumes. (Award: Cork.)

21. Paper Boy

14:08 b&w 106B 0171 070
D: Clay Borris P: Tom Daly

A film study of a newspaper boy in the crowded inner city. Apartment buildings, rooming houses, dilapidated dwellings are his route; his world, a rundown flat and a rough-spoken father. At some doors he tosses his papers with neat precision, at others with deliberate carelessness. Behind his actions you sense his resentment, his anger, and at the same time a reaching out for warmth. Filmed without commentary, the story is convincingly acted out by the boy, and should provide substance for discussion of the big-city environment that can breed cynicism and delinquency in the young.

22. A Question of Rape

From: On the Evidence series
50:45 col. 106C 0177 250
D: Bryn Matthews P: David Pears

In this gripping courtroom drama, Crown and Defense wage a heated battle over the question of consent, as it related to a young woman's charges of rape against two young men with whom she previously had had a casual friendship. Using non-scripted dialogue, actual lawyers, a real judge and a jury that was free to make its own decision based upon the testimony of actors, fed only the basic details of the case, the program accurately simulated courtroom procedure and gleans thought-provoking insight into the law and how it works.

23. Rock a Bye Baby

From: Child Abuse series
28:52 col. 106C 0177 085

Without ongoing, active sensory stimulation, human infants will not thrive. This may lead to physical and mental retardation as well as severe emotional problems. A good film for general and professional audiences involved in the study of human development and parenting. It is ideal for a prevention program of child abuse.

Produced by Marlin Motion Pictures. For purchase contact National Audio Visual Center.

24. A Scream from Silence

95:55 col. 106C 0179 003
D: Anne Claire Poirier P: Jacques Gagné, Anne Claire Poirier

This film documents the rape and eventual suicide of Suzanne, a nurse, whose physical and emotional health deteriorates beyond repair as a result of the violence inflicted on her. Images of ritual and mass rape reinforce the horror of this act of domination. In this docu-drama drawn from case histories, the filmmaker explores society's attitudes which cause women to feel guilty for being raped. It touches upon the physical, emotional, spiritual, and legal aspects of this crime. (Awards: Chicago, Houston.)

25. Sexual Abuse - The Family*

From: Child Abuse series
28:25 col. 106C 0177 157

This film provides an overview of intra-family sexual abuse of children: what it is, common myths, physical and behavioral indicators, family dynamics, how to conduct examination and investigations with a minimum of psychological damage to the child, as well as the different approaches to the problem among various professionals.

Produced by Communication Corporation, U.S.A.

26. The Summer We Moved to Elm Street
(L'été de l'avenue des Ormes)

28:02 col. 106C 0166 120
D: Patricia Watson P: Guy Glover

In our mobile society some families move a lot, and children have to make new friends just when they are becoming comfortable with the ones they have. This film tries to show what goes on in the mind of a nine-year-old girl who finds happiness disturbed both by a move to another street and by her father's increasing drunkenness. (Award: Washington, D.C.)

27. Taking Chances*

23:30 col. 106C 0179 256

A docu-drama outlining some of the reasons sexually active teenagers avoid using birth control methods. The dramatization of a couple's romantic relationship is intercut with sequences of teenagers discussing morality, sexuality, and birth control.

Produced by Mobius International.

28. Twelve and a Half Cents

49:15 col. 106C 0177 135
D: René Bonnière

A powerful drama reflecting the frightening realities of life in big city poverty ghettos, this is the poignant story of a cycle of child-beating that ends in disaster. Jackie Burroughs - award-winning Canadian actress - stars in the moving role of a desperate mother driven by the frustrations of inescapable poverty, fear of her pool-playing husband (Leon Pownall) and tortuous memories of her own disturbed past. Jodi Farber is her 10-year-old daughter and Franz Russel portrays a concerned teacher who believes he has stumbled upon a case of child-beating and is determined to help.

29. Un fait accompli

From: Tout le monde parle français series (Teenagers)
23:12 col. 106C 0274 124
D: André Théberge P: Paul Larose

The story of a young man of 19 who wants to move away from home and really begin to live his own life but who lacks the courage to confront his parents with the idea. As so often happens, however, an act of fate intervenes to set the wheels in motion. The boy at last can confront his father as an adult, and under the sad eyes of his parents make his long-contemplated departure.

30. The Wages of Work

27:43 col. 106C 0178 417
D: David Wilson P: Adam Symansky, Peter Katadotis

Three working-class families on limited incomes discuss how they cope with the high cost of living. As it turns out, the figures quoted by Statistics Canada as being adequate for a family to maintain a decent standard of living fall short of reality. These families must resort to food and housing co-ops, extra jobs, overtime, clothing exchanges to make ends meet and pay for the essentials.

31. Why Me (Pourquoi moi?)

9:22 col. 106C 0178 199
D-P: Janet Perlman, Derek Lamb

Everyone ponders how he or she will face the knowledge of certain and imminent death. This animated film shows the reactions of one individual whose doctor has just told him that he has only a short time to live. In a terse and sometimes humorous dialogue with his doctor, Nesbitt Spoon runs the gamut of emotions commonly experienced by people trying to deal with this devastating situation. (Ten awards, including New York; Ottawa; Columbus; Varna; San Antonio.)

32. 40:00 col. 106C 0179 206
D: Douglas Jackson P: Douglas Jackson, Roman Kroitor

An unusual documentary investigating rape from the assailant's point of view. Ten men convicted of rape tell their stories, describing their bakcgrounds, and their violent attacks on women. Social rape, involving people who know each other, is also examined. Two men found guilty of this less-publicized assault are interviewed. They touch on a wide range of issues related to sexual behaviour and attitudes. Why Men Rape is a guaranteed catalyst for discussion. Patrick Watson is the on-camera commentator. *Support material available.* (Award: American Film Festival).

OFFICE NATIONAL DU FILM

FILMS FRANCAIS

SUJET	TITRE
Adolescentes enceintes	
- expérience personnelle:	«Sylvie
Conflits de générations	
- famille ouvrière:	«Episode»
Délinquance juvénile	
- expérience personnelle:	«Eddie»
	«Huit témoins»
	«Les jardiniers de la mauvais herbe»
	«Le parking»
	«Trésor»
	«Un dialogue de sourd»
- réhabilitation:	«Le collège»
Drogues	
- abus:	«On y touche presque tous»
- effets:	«Les indrogables»

Familles	
- effets de l'alcoolisme:	«Les naufragés de la violence»
- violence:	«Les héritiers de la violence»
Viol:	«Mourir à tue-tête»
Violence:	«Les gars du tabac»

FILMS EN ORDRE ALPHABETIQUE

1. Le collège

Série: Jeune délinquant
57 mn 15 s 106C 0280 159
R: Jean-Paul Fugère

Le collège ou centre de rééducation: un monde dur où règne la loi de la jungle. Face à face, deux types de stagiaires: les élèves et les éducateurs. On nous montre le genre de problèmes qu'ont à résoudre les éducateurs, face à des adolescents qui sollicitent leur pitié, leur aide et qui agissent en même temps à leur endroit comme de petits sauvages.

Produit par la Société Radio-Canada.

2. Eddie (You're No Good)

28 mn 106B 0265 074
R: George Kaczender P: John Kemeny

Analyse du comportement d'un jeune garçon insatisfait qui enfreint la loi et vit, par la suite, des heures d'angoisse et de solitude. La famille d'Eddie et ses amis ne participent pas à son drame. Un travailleur social parvient cependant à gagner sa confiance et à le persuader de se soumettre à l'interrogatoire de la police.

3. Episode

59 mn 15 s 106C 0268 113
R: Marcel Carrière P: Robert Forget

Cinéma vécu au strict du mot, ce film suit les faits et gestes d'une famille ouvrière canadienne-française de l'Est de Montréal et nous livre son comportement.

Deux personnages principaux mènent le jeu. Gisèle, 20 ans, et Richard, à peine son aîné. Amoureux l'un de l'autre, ils poursuivent tous les deux leur chemin comme bon leur semble. La distance qui les sépare de leurs parents est fabuleuse. Ce film marque bien l'écart toujours croissant qui sépare les générations et il rend sensible ce mure contre lequel se butent parents et enfants.

4. Les gars du tabac (On the Tobacco Road)

26 mn 3 s 106C 0277 173
R: Maurice Bulbulian P: Jean-Marc Garand

Des centaines de jeunes sont là, Québécois pour la plupart, attendant patiemment d'être embauchés à la cueillette du tabac. Mais cette année, il y a peu de travail. Ils se regroupent alors dans les parcs de Delhi, en Ontario, d'où la police les expulse. Hors des limites de la ville, ils sont attaqués sournoisement par de jeunes voyous racistes. Le film est un autre témoignage de la violence qui s'exerce au nom de la paix, de l'ordre et de la liberté.

5. Les héritiers de la violence

56 mn 50 s 106C 0277 227
R: Thomas Vamos P: Anne Claire Poirier

La violence sous toutes ses formes, présente dans le milieu familial, ne peut manquer de toucher l'enfant et d'influencer grandement son évolution. Nullement une mise en accusation de coupables, ce film, à travers des témoignages empreints de franchise et de sincérité, tente d'aller aux sources du problème de la violence dans notre société.

6. Huit témoins

58 mn 5 s 106B 0265 046
R: Jacques Godbout P: André Belleau

Exploration de l'univers de la délinquance avec la participation de huit jeunes gens ayant déjà commis des délits, heureux cependant de vivre et cherchant à voir clair au sein d'une société qui les a reniés. Evolution morale, sentimentale et sociale de ces moins de vingt ans qui ne demandaient, dans presque tous les cas, qu'à être traités avec humanité pour devenir des hommes. (Prix: Toronto)

7. Les indrogables

26 mn 3 s 106C 0272 113
R: Jean Beaudin P: François Séguillon

Six personnes, en trois endroits différents, regardent une émission qui porte sur la drogue et multiplient les observations que leur dictent les principes et critères qui sont les leurs. Grâce à sa structure originale et aux personnages typiques qu'il présente, ce film réussit à montrer les méfaits de la drogue et les craintes qu'elle inspire aux indrogables, vis-à-vis des jeunes dont ils sont responsables.

8. Les jardiniers de la mauvaise herbe

Série: Jeune délinquant
42 mn 54 s 106C 0280 160

En alternance avec les témoignages de spécialistes, on nous fait suivre les premiers pas dans la vie adulte de quelques-uns des délinquants rencontrés dans les autres films. Chacun d'eux illustre, à sa façon, un cas type de délinquance, de réhabilitation ou d'incurabilité.

Produit par la Société Radio-Canada.

9. Mourir à tue-tête (A Scream from Silence)

95 mn 55 s 106C 0279 003
R: Anne Claire Poirier
P: Jacques Gagné, Anne Claire Poirier

Mourir à tue-tête s'attaque à un sujet que les mentalités collectives s'acharnent à considérer comme tabou: le viol de la femme, de l'individuel (le cas de Suzanne) au rituel (la clitoridectomie), en passant par celui de masse (les Vietnamiennes). Le film va cependant plus loin en forçant le spectateur à se poser les questions fondamentales: pourquoi le viol existe-t-il? est-ce le sort naturel des femmes d'être violées? qu'est-ce que le viol abîme chez la femme? et où se situe la justice des hommes? (Prix: Chicago et Houston.)

10. Les naufragés du quartier/One Way Street

12 mn 18 s 106B 0080 116
R: Bernard Longpré P: René Jodoin, Robert Forget

Tracé au crayon en noir sur blanc, cru comme la vérité, un essai sur le thème de l'ivrognerie populaire: ses racines sociales, la déchéance personnelle qu'elle inflige, la misère familiale qu'elle engendre, le destin de malheur qu'elle perpétue. Avec, en sous-thème, tout le cycle de la «gogo-girl» à la prostituée délaissée par son dernier client. Un film strident, comme un cri. (Prix: Cork.)

11. On y touche presque tous

14 mn 32 s 106C 0273 093

Si un enfant voit son père boire des martinis pour se détendre et sa mère fumer et prendre des pilules pour calmer ses nerfs, il ne peut faire autrement que de chercher, pour lui-même, une solution artificielle à ses problèmes et découvrir des façon de «bien se sentir», d'être plus heureux et satisfait. En donnant une idée des incitations à la drogue que subit l'enfant, être impressionnable et naïf, ce film démontre qu'il n'y a rien d'étonnant à ce qu'«on y touche presque tous» un jour ou l'autre, pour conquérir paix et bonheur.

Produit par International Tele-Film Enterprises et distribué par l'ONF pour Santé et Bien-Etre social Canada. Vente: International Tele-Film Enterprises.

12. Le Parking

Série: Jeune délinquant
52 mn 14 s 106C 0280 156
R: Jean-Paul Fugère

La délinquance occasionnelle concerne plus de 90% des jeunes qui passent devant le Tribunal des enfants. A 14 ans, Richard a de la difficulté à s'équilibrer entre une mère sur-protectrice et un père brutal, buveur et trop souvent absent. Il cherche à s'affirmer en participant à des vols dans les voitures et les épiceries. Arrêté et condamné à la maison de redressement où on lui enseigne un métier, comment s'en sortira-t-il?

Produit par la Société Radio-Canada.

13. Sylvie (Phoebe)

28 mn 5 s 106B 0264 038
R: George Kaczender P: Julian Biggs

Film dramatique traitant du délicat problème d'une jeune fille-mère. Face à ses parents, à son ami, à la directrice de l'école qu'elle fréquente, Sylvie cherche auprès de chacun, conseil et secours. Elle n'est guère préparée à trouver une solution au problème qui l'assaille: un problème d'adulte. (Prix: Oberhausen, New York, Melbourne et Montréal.)

14. Trésor

Série: Jeune délinquant
57 mn 29 s 106C 0280 158
R: Jean-Paul Fugère

La délinquance des filles, plus rare et plus secrète, est surtout liée aux phénomènes de la drogue, des bandes et de la prostitution. Pour Ginette et Raymonde, la vraie vie c'est d'être maquillée le plus possible, de se trouver un ami fort et d'avoir toutes sortes de belles choses. A quel prix? Celui de leur «trésor», comme on leur repète depuis leur enfance...

Produit par la Société Radio-Canada.

15. Un dialogue de sourds

Série: Jeune délinquant
57 mn 33 s 106C 0280 157
R: Jean-Paul Fugère

Cet épisode vise une délinquance plus grave, proche de la criminalité juvénile. Daniel et Gilles effectuent des vols à main armée. Ils se cachent, vivent d'expédients, tombent sous la coupe d'adultes du milieu qui les exploitent et les menacent. Grâce à l'heureuse influence de sa soeur, Daniel va, de lui-même, revenir à l'institut de rééducation. En revanche, Gilles, seul, en proie à une grande détresse intérieure, connaîtra une fin tragique.

Produit par la Société Radio-Canada.

REFERRALS

AN IMPORTANT ASSET

INSTRUCTOR

REFERRALS

Outline the necessity of referring people to proper services so that their problems can be handled competently and on a long-term basis.

Interveners need to know about of available services. Distribute lists or brochures outlining available community resources: battered women's shelters, victim/witness programs, legal aid, etc. Mention that a panel discussion will follow later in the session that will give an indepth review of these services.

Interveners also need the proper diagnostic skills to decide what problems are important and which service will respond to them. Referring to the wrong agency can be conter-productive. Interveners must be familiar with eligibility requirements, types of services available, capacity, location, and hours of operation, etc.

Interveners need also to assess the client's disposition toward and ability to use the service. The client should recognize the need for outside help, be willing to make an effort to seek the service as well as being able to qualifying for it.

Interveners need to take an active role in making referrals by calling the agency while in the household, or standing by while the client makes the call. This reinforces immediate, direct action and makes sure the person has been connected to someone in position to help. You can also transport the person directly to the agency (battered women's shelter, detoxification center, etc.).

Interveners must return to the household during the next few days to see if referral was used or not.

PANEL DISCUSSION

Referrals to services in this community.

SERVICE TYPES

A. CRIMINAL JUSTICE SYSTEMS	POSSIBLE SERVICES
Law enforcement agency	- Arrest of abuser - Referral

Civil courts	- Protective custody of child(ren)
	- Psychiatric commitment
	- Orders for medical and/or psychiatric care
	- Hearings for assault, separation, divorce, child custody and visitation
	- Protective orders
	  - injunctions and restraining orders
	  - peace bond
	  - compensation
	  - court conciliation/mediation

CRIMINAL JUSTICE SYSTEMS	POSSIBLE SERVICES
Criminal courts	- Arrest warrant
	- Arraignment
	- Preliminary hearing
	- Plea bargaining
	- Trial for assault
	- Imprisonment
	- Fine
	- Probation
Legal services	- Consultation regarding spouses' legal rights
	- Advice regarding filing arrest warrants, petitioning the court for separation, divorce, child custody and visitation
	- Representation in court
	- Advocacy with welfare and other agencies

B. HUMAN SERVICES SYSTEMS	POSSIBLE SERVICES
Department of social services	- Child protective services - Financial assistance - Child care - Homemaker services - Counseling - Respite care for children - Foster care and residential treatment - Payment for emergency shelter; security deposits for apartments - Transportation
Mental health agencies	- Crisis counseling - Family outreach - Assessment for psychiatric care/ commitment - Individual, marital, family and group psychotherapy - Therapy for children and adolescents - Partial hospitalization (therapeutic day care)

HUMAN SERVICE SYSTEMS	POSSIBLE SERVICES
Hospitals	- Alcohol or drug detoxification
	- In-patient psychiatric treatment
	- Emergency medical care for adults and children
Public health agencies/ private physicians	- Pre and post-natal care
	- Well-baby care
	- Dental care
	- Family planning
	- Outpatient medical care
Employment agencies/services	- Career counseling, job training and placement; vocational rehabilitation; adult education
Alcohol/drug treatment agencies	- Residential treatment
	- Outpatient counseling
	- Services for other family members
	- Self-help groups (AA, Al-Anon)

HUMAN SERVICE SYSTEMS	POSSIBLE SERVICES
Volunteers agencies	- Emergency food, clothing and shelter
	- Transportation (emergency or support)
	- Support groups
	- Recreation
	- Socialization
	- Hot lines
	- Women's advocacy and counseling groups
Housing services	- Emergency shelter/ crisis housing
	- Second-stage housing (structured environmen to assist in transitic of separation from spouse)
	- Third-stage housing (group home or adult foster home setting)
	- Assistance with securing affordable, permanent housing.

Adapted from Family Violence: Intervention Strategies (Washington, D.C.: National Center on Child Abuse and Neglect, May 1980).

RECOMMENDED DISCUSSION SUBJECTS

A. SOME OBSTACLES THAT COMMUNITIES FACE IN PROVIDING SERVICES MAY INCLUDE:

- lack of recognition of the problem
- refusal to recognize the problem
- other community priorities
- lack of desire to provide services
- lack of funds
- ignorance of appropriate services
- professional jealousies and competitions
- bureaucratic lethargy and red tape
- lack of coordination and communication among agencies

B. OBSTACLES FAMILIES MAY FACE IN GETTING ACCESS TO AVAILABLE SERVICES MAY INCLUDE:

- ignorance of service
- eligibility requirements too complicated or restrictive
- short-term duration of service
- location too far from home
- transportation problems
- fee structures too high

- limited hours service open (usually 9 a.m. to 5 p.m.)
- distrust service agencies/staff
- prior bad experience with service agencies staff
- intimidation from spouse
- denial of problem by one person
- lack of on-going support, direction and counseling
- bureaucratic delays and red tape
- lack of appropriate service

C. COMMON PROBLEMS THAT POLICE FACE IN TRYING TO USE COMMUNITY SERVICES MAY INCLUDE:

- ignorance of available services
- lack of service availability on weekends, or before 9 a.m., after 5 p.m.
- staff members' sometimes negative attitudes and hostility toward police officers
- «wishy-washy» attitudes of staff members and bureaucratic red tape
- lack of feedback from staff about individual couples

ARE YOU BURNING-OUT?

BURN-OUT: *«To deplete oneself. To exhaust one's physical and mental resources. To wear one out by excessively striving to reach some unrealistic expectation imposed by oneself or by the values of society.»*

If you look at this definition again, you will notice a few important key words: «deplete», «exhaust», «excessively striving», «unrealistic expectation». How close are these words from applying to you?

In the past six months, have you noticed changes in yourself or in the world around you? Perhaps at the office, or with the family, or in social situations.

Read each following question carefully. Allow 30 seconds of thought each before you answer. Then assign a value from one (little or no change at all) to five (a great deal of change) for the degree of change that you perceive.

1. Do you tire more easily? Feel fatigued rather than energetic?

1	2	3	4	5
no change		*moderate*		*much change*

2. Are people annoying you by saying, «You don't look so good lately»?

1	2	3	4	5

3. Are you working harder and harder and accomplishing less and less?

1	2	3	4	5

4. Are you increasingly cynical and disenchanted?

1	2	3	4	5

5. Are you often invaded by a sadness you cannot explained?

1	2	3	4	5

6. Are you forgetting appointments, deadlines, personal possessions?

1	2	3	4	5

7. Are you increasingly irritable? More short tempered? More disappointed in the people around you?

1	2	3	4	5

8. Are you seeing close friends and family members less frequently?

1 2 3 4 5

9. Are you too busy to do even routine things like make phone calls, or read reports, or send out your Christmas cards?

1 2 3 4 5

10. Are you suffering from physical complaints (aches, pains, headaches, a lingering cold, etc.)?

1 2 3 4 5

11. Do you feel disoriented when the activity of the day comes to a halt?

1 2 3 4 5

12. Is joy elusive?

1 2 3 4 5

13. Are you unable to laugh at a joke about yourself?

1 2 3 4 5

14. Does sex seem like more trouble than it is worth?

1	2	3	4	5

15. Do you have very little to say to people?

1	2	3	4	5

- Now add up your total.

Score:____________________

(Remember, this is only an approximation).[1]

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[1] Test adapted from «Burn-Out: The High Cost of Success», by H.O. Freuden Benger.

THE BURN-OUT SCALE

INSTRUCTOR: Emphasize that score is only a rough approximation, useful as a guide to a more satisfying life, and:

«Don't let a high total alarm you»

«Burn-out is reversible, no matter how far along it is».

«The higher number means that the sooner you start being kind to yourself, the better».

SCORE	RESULT
0 - 25	-You're doing fine.
26 - 35	-There are some things you should be watching.
36 - 50	-You are a candidate
51 - 65	-You are burning-out.
Over 65	-You are in a dangerous situation, threatening to your mental and physical well being.

PREVENTING STRESS

To learn to cope with stress, you need three major tools. You need:

1. To dispel faulty perceptions through internal dialogue or self talk.
2. Social support.
3. To learn and use methods of relaxation.

HOW

DISPEL FAULTY PERCEPTIONS

Distress is triggered by perceptions of threat to our well-being, and these perceptions can be based upon distorted or faulty beliefs. Typical examples of faulty perceptions are:

a) Evaluating yourself as less worthy because you have fallen short of another's expectations.

b) Believing that others don't care and that you're not very important.

c) Regarding yourself as inferior.

d) Feeling that you are incapable of handling an extremely stressful situation.

e) Stereotyping others as bad because of isolated behaviors, or feeling you are the judge of how others must act.

f) Believing that worry is necessary in anticipating each future event.

SOCIAL SUPPORT

Social support has been identified as the single most effective means of preventing stress.

Social support is defined as a relationship with one or more people, characterized by frequent interactions of a strongly positive nature - especially interactions that lend emotional assistance. It is symbolized by trust, empathy and mutual concern.

Research litterature suggests that supportive social relationships with supervisors, colleagues and subordinates at work directly reduce levels of occupational stress. Support satisfies important personal and social needs and makes people feel more positive about themselves, and also reduces role conflict and ambiguity.

It is necessary that everyone recognize their own need for human closeness and mutual strength. Social support provides an opportunity to express feelings, obtain advice and guidance, give and receive assistance in problem solving, laugh, cry and share.

It is a good method to allow constructive feedback.[2]

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[2] Job Burnout in Public Education, by A.J. Cedoline, 1982.

DISTRESS CAN BE CONQUERED

Succumbing to stress is not inevitable. Experts say stress-resistant people show a specific set of attitudes that help them counter stress. These are:

a) an openess to change

b) a feeling of involvement

c) a sense of control over events

d) change is seen as an opportunity or challenge, not as a threat.

e) they are actively committed and involved in their work

f) they charge or control over their destiny rather than feeling powerless.

ROLE PLAYING

UNDERSTANDING HOW THEY FEEL

ROLE PLAYING INSTRUCTIONS

You choose or design a skit in which a dispute occurs (the disputants; relationship will be designed by a trainer). Afterwards, the skit will be performed with members of your group portraying the disputants, while one or more members of another group portray the intervener(s) in that dispute. Representatives of all groups will then participate in the critique which follows the skit.

The skit will require careful preparation for effectiveness as a learning-teaching method. We suggest you cover the following steps:

1. Talk about cases you've known that fit the designation and select one that can be effectively portrayed, one that promises to be a good learning vehicle for the audience.
2. Discuss the personalities and situations involved.
3. Select group members to portray the roles.
4. Help the actors become familiar with their roles, with what they will say and do before the «intervener» arrives.
5. Help the actors practice and become «natural» in their roles. Discourage overacting! It is essential that after the intervener arrives, your actors react naturally to what the «intervener» does and not according to some script. Remember, when your skit is presented, after the intervener arrives, the actors should respond to the intervener as they think their characters would respond.

Role reversal is often a useful role-play procedure. An intervener role-playing a crisis problem may have a difficult time perceiving the disputants' viewpoint and vice-versa. Having them exchange roles and resume the role playing can be most helpful in this regard.

CORRECTIVE FEEDBACK/SOCIAL REINFORCEMENT

After completing each role play, you should have a brief feedback period. The goals of this activity are to let the responders know how well they «stayed with» the learning points, or in what they departed from them. It also lets them know the psychological impact of their enactment on the disputants, and encourages them to try out the role-play behaviours in real life.

EXERCISES FOR ROLE PLAY "A"

EXERCISE A

Role: Robert

You are 17 years old, and you're into the 11th grade in high school. During the first seven years of your childhood, you received all the attention you needed; but since your sister was born, she became the center of attention. You've never quite gotten over this. You've started taking drugs a couple of years ago. You are often in disagreement with your parents, and drugs seem to make your problems disappear.

Your parents and your sister are gone to the cottage for the weekend so you decide to have a party at the house. The music is loud, there is a lot of youngsters, a lot of drugs and liquor. Your neighbors complain about the noise and call the police. The police arrest you and some of your friends for possession of drugs and liquor under age. They have reached your parents, who have come to the station.

Your parents are arrived, and after they learn the details your father becomes furious at you. You get into a loud argument, and the police intervenes. He then suggest to have an intervener come to counsel you in the hope of settling the problem. You accept.

You are discouraged, and you wonder how you're going to get out of this mess. You think that perhaps you should confide your problems to them.

EXERCISE A

Role: Father

You are 40 years old, married for 20 years. You have a 17 year old son and a 10 year old daughter. You are an executive with a big company, and you live comfortably.

Like your wife, you have noticed that your son acts a little weirdly these days; he has no interest in school and lacks respect some times. You were thinking of having a talk with him soon.

You leave for the cottage for the weekend with your wife and daughter. In the evening you receive a phone call from the police. Your son has been arrested for possession of drugs and liquor.

You are furious, but you realize it's important for your career to keep your calm. You hope to settle this problem quietly. You and your wife arrive at the police station. You learn from the officer that Robert (your son) had invited a group of youngsters into your home and that there was a lot of drugs and liquor. In spite of your intention of keeping your calm, you get into a loud argument with your son. The policeman intervenes and suggests that you have an intervener come to counsel you in the hope of settling the problem. You accept.

EXERCISE A

Role: Mother

You are 38 years old, married for 20 years. You have a 17 year old son and a 10 year old daughter. You live comfortably, have always kept house and took care of your children. Your husband is an executive with a big company.

Lately you have noticed that your son is acting differently. He dresses strangely and argues a lot with you. Also, he hasn't been doing well at school lately.

You leave for the cottage for the weekend with your husband and daughter. In the evening you receive a phone call from the police. Your son has been arrested for possession of drugs and liquor.

You are upset and worried. You don't understand why your son is taking drugs. You and your husband arrive at the police station. You learn from the officer that Robert (your son) had invited a group of youngsters to your home and that there was a lot of drugs and liquor present. Your husband is furious with Robert and gets into a loud argument with him. The policeman intervenes and suggests that you have an intervener come to counsel you in the hope of settling the problem. You accept.

EXERCISE A

Role: Intervener

You are going to meet at the police station a 17 year old boy with his parents. During his parents absence, he had a party at the house, and the neighbors complained about the noise. You learn from the policeman that the young boy (Robert) has been arrested for possession of drugs and liquor under age. You are introduced to the family by the policeman.

Characters: Mr. & Mrs Beauchamps with son Robert

EXERCISES FOR ROLE PLAY "B"

EXERCISE B

Role: Husband

You are 34 years old, married for 10 years, have two children, 7 and 9 years old. You come from an unstable family where your father battered your mother. By getting married you had hoped that things would go better. You had dreams to fulfil. Unfortunately, you had certain disappointments and since you are of a depressive nature, you began drinking more frequently. You started beating your wife.

You arrive from work on a Friday night, and you start the evening by taking a drink. Your wife ignores you and goes upstairs to her bedroom. That irritates you, but you let it go. After a few drinks, you decide to go see your wife. You notice she is asleep so you try to kiss her, but she suddendly wakes up and pushes you away. You get angry and you start hitting her. She defends herself and she manages to call the police. She escapes downstairs, but you reach her and the fight continues verbally and physically. You hear the doorbell and furiously you scream: «Leave us alone!» It's the police and it is also the third time they have come to intervene in your home.

EXERCISE B

Role: Wife

You are 30 years old, married for 10 years, have two children, 7 and 9 years old. Life for you hasn't been easy. You come from a poor family and at the age of 19 you met a man who had colorful dreams and made wonderful promises to you. After a few years of marriage, the dreams didn't come true and your husband started drinking more frequently. How he beats you and you realize that each time he becomes more violent. You were not thinking of leaving him before because of the kids and your financial dependence, but now that you have taken a part time job you are considering it more.

It's a Friday night and your husband starts the evening by taking a drink. You don't feel like listening to him complain so you ignore him and you go upstairs to the bedroom to read. The children are asleep. After a few hours, you are almost asleep when suddendly something wakes you up. Your husband is trying to kiss you. Disgusted, you push him away and then he starts yelling and hitting you. You try to defend yourself and you manage to call the police. You run downstairs and your husband goes after you. The fight continues, verbally and physically. You hurt everywhere. Sundenly, you hear the doorbell and your husband screaming: «Leave us alone!» It's the police. You stay sitting on the couch, head down and crying. It's the third time that the police have had to intervene in your home.

EXERCISE B

Role: Police

It's a Friday night and you are called to intervene in a family quarrel. It's the third time police have been called to that home. You hear screams inside, you ring at the door and this furious man opens yelling: «Leave us alone!» You enter. The wife is sitting on the couch, her head down and crying.

EXERCISES FOR ROLE PLAY "C"

EXERCISE C

Role: Lucy

You are 24 years old, married and four months pregnant with your first child. You are very happy with this situation even though you feel tired. Your relation with your husband (Mark) is not as close as before but under the circumstances you think it's normal.

You prepared supper and you are waiting for your husband. It's past six o'clock, and he is not back yet. You begin to worry, it's not like him, normally he would have let you know if he was going to be late. At 7 o'clock, he arrives. You want some explanations and that irritates him so you start an argument. Your husband becomes aggressive and hits you in the abdomen. Frightened, you run to the neighbors, and they call the police.

You are now in your living room with your husband and a policeman. You are more calm but still a bit nervous. You are surprised and disgusted with your husband's actions, but you want to understand why. You have accepted the pliceman's proposition to have an intervener come to your home for counselling. Soemone is at the door, the policeman answers and introduces the intervener.

EXERCISE C

Role: Mark

You are 27 years old, married and your wife is four months pregnant. It's your first child. You don't like the idea of having a kid. You are a salesman making an average income, and you realize that you are going to have to work longer hours to provide for your wife and child. You feel aggressive. You are not as close to your wife.

After a long day of work, you decide to go out for a drink with your friends. You don't call Lucy (your wife) to tell her you'll be late for supper. When you arrive, Lucy asks for some explanations and you get into an argument. You become violent, and you hit her in the abdomen. Frightened, she runs to the neighbors and they call the police.

You are now in your living room with your wife and a policeman. You are discouraged and ashamed of what you've done. You try to find an explanation for all this. You have accepted the policeman's proposition to have an intervener come to your home for counselling. Someone is at the door: the policeman answers and introduces the intervener.

EXERCISE C

Role: Policeman

You are called to intervene in a family dispute. The woman is at the neighbors. You learn that she and her husband had an argument, and he hit her in the abdomen. She is pregnant and fearful for the safety of her unborn child. With her consent you take her back home and they accept the involvement of an intervener. Someone is at the door, you answer and introduce the intervener.

Couple: Lucy and Mark LeBlanc

EXERCISE C

Role: Intervener

You are called to intervene in a family dispute. You are greeted by a policeman, and you notice the couple sitting in the living room.

EXERCISES FOR ROLE PLAY "D"

EXERCISE D

Role: Woman

Mary is 26, married and mother of three.

You are illiterate and have never had a job outside the home. All your relatives live far away, and you have few friends. You are also deeply religious, do not believe in divorce, and still cling to the idea that you must be a «good wife» to your husband, no matter what.

However, since your husband has been on strike with his company, his pattern of life has been centered around his staying home and drinking. After he's drunk enough, he becomes abusive towards you especially, but lately he's been taking it out on the kids also. This is simply too much for you.

You don't know what to do, but you know you have to do something.

You are actually considering leaving him, but are undecided.

EXERCISE D

Role: Man

Jason is 33 years old and married to Mary. He has three children.

You've been growing more irritable lately. Since the strike began, you feel useless and frustrated. Everything seems to be going wrong. Money problems, mariage problems, they're all coming together.

Instead of listening to you, your wife is always nagging you to make a man out of yourself. This makes you angry. You've hit her a few times, just to show her her place.

To forget, or to pass the time, you've been hitting the booze a lot more lately. Since you can't afford the taverns, you've been drinking at home. It seems that the nagging has increased, so you have increased the hitting. Once, you even belted your youngest son. You felt badly about that, and promised yourself it wouldn't happen again - but it did.

Things are really falling apart in your life. What possibly could be worse? Only Mary leaving you! You'll do anything to prevent that.

EXERCISES FOR ROLE PLAY "E"

EXERCISE E

Role: Father

You are a middle age husband and father of two children. You have a drinking problem, but you are frank about it and are working to correct it. The drinking isn't so bad, since you are on-the-wagon most of the time, but sometimes you get stinking drunk. Lately, you've been having «blackouts», where you woke up in your daughter's (Jenny) bedroom. She was not there, gone to school. You found this strange, but thought no more about it.

When an intervener is called to your home, you agree to talk to him. But when he accuses you of something vile - you deny everything, and minimize the severity. It's no big deal.

EXERCISE E

Role: Daughter

Jenny, you are 13 year old and just coming into puberty.

Your father, Bill, has always had a drinking habit. Lately, however, he has been coming to your room late at night drunk. At first, it was simply fondling and kissing, and you found this strange, but you enjoyed it at first. However, for the last month he has been having sex with you. You find this repulsive - and you feel shameful, bad. You feel guilty because you enjoyed it at first. But he is your father and, when sober, he is the nicest man in the world.

Your mother has asked an intervener over to talk about Bill's drinking problem. You confide to her about the sex with dad.

EXERCISE E

Role: Mother

You are a mother of two children, Jenny 13 and Bill 5. You and your husband, Bill, share babysitting jobs, since you have different work schedules.

Your husband has a drinking problem, and both of you know it. He's been trying slowly to quit, but with varying success.

You've heard of some counselling you can receive through the local intervener program. You call them up, hoping this would help Bill's drinking problem.

When Jenny tells about Bill having had sex with her when he is drunk, you get mad. She has to be lying. She is just a child after all. Such a repulsive thing could never happen, not in this family.

EXERCISE E

Role: Intervener

You've been called to a home for simple counselling concerning a father's drinking problem.

While there, the daughter confides in you that, when drunk, father has been having sex with her for some time now (one month).

You decide to inform the rest of the family about this situation.

EXERCISES FOR ROLE PLAY "F"

EXERCISE F

Role: Police

You are called to a family disturbance by neighbors hearing fighting noises and a woman screaming.

The man who answers the door is out of breath. Inside the room you see a chair over-turned and general disorder.

EXERCISE F

Role: Male

You are 30 years old and have been married to your wife two years.

Your buddies warned you before you married her that she used to «sleep around a lot». You've been suspecting her of cheating on you for some time. This really burns you up, because you work 10-15 hours a day «bringing home the bacon» while your wife lazes around the house all day watching soap operas.

Yesterday you came home early and she was gone. There was the smell of cigar in the room. When she did come in, one hour later, her hair was messed up and her dress was askew: you are positive she just cheated on you, so you hit her hard. When she tries to fight back, you hit her even harder.

After awhile there is a loud knock at the door and it is the police. They ask if anything is wrong, and you deny it.

EXERCISE F

Role: Female

You are 28 years old and have been married two years to your husband.

The spark has gone out of your marriage. All your husband ever wants to do, when he comes home at night, is eat and go to sleep. He hasn't been noticing you for some time now. You are bored and depressed, and the house work has been kind of let go for awhile. Your life together seems to be going nowhere.

A few weeks ago, your brother-in-law made a pass at you at a party. Since you'd both been drinking, you let it slide and forgot about it. This morning, he came over for a visit. You told him you were going to town so he offered you a ride. On the way there he made a detour by the beach. There he made another pass at you, this time more forcefully. You struggled with each other for some time. Finally you ran from the car and walked back home. On the way, you thought of the trouble this story would cause between your husband and his brother, so you decided to keep it to yourself.

When you walked into the house your husband was there unexpectedly. He took one look at you and started yelling, making accusations. This was just too much (what with everything that happened today) so you yelled back. He slapped you. Shocked, you hit him back. Then he really started beating you.

When the interview begins, you still don't want to mention the incident with your husband's brother. (It is up to you to decide when, and if, you will tell them about it.)

EXERCISES FOR ROLE PLAY "G"

EXERCISE G

Role: Julie

Julie is 24 years old and attractive.

You are unmarried, but are seriously involved with John, 26. You work as a secretary in an important downtown firm.

This morning, on your way to work, you were accosted by a stranger holding a knife. He dragged you into an abandoned building, where he raped you. As it was happening, the only thing you could think of was: «This can't be happening to me!».

After he ran away, you got up and tried to regain your composure. Everything still seemed unreal. Cleaning yourself up as best you could, you went on to work and told nobody about what happened.

As the morning wore on, scenes from the rape kept coming back to you. Your self-control collapsed. You started to cry. When your fellow workers asked you what happened, you couldn't speak anymore. Finally, it came out and your friends called the police.

The rest of the day got worse. The investigating policemen asked you for all the gruesome details, and wanted you to repeat everything over and over again.

At the hospital, the vaginal examination seemed to last forever. Lying there, you felt very filthy and disgusting.

It is the next morning. You're still very confused and tense. Your boyfriend, John, hasn't called. In a way, you don't blame him. You feel you are worthless, tainted and ugly.

Almost worse than the rape is the thought that you may have lost the one man you really care for.

An intervener brings you and John together to talk. You have no idea how he feels, but you suspect he may not want you anymore.

EXERCISE G

Role: John

John is 26 years old and a promising young lawyer.

You've been dating Julie for several months now. A mutual friend just called and informed you of something terrible. Julie has been raped by a stranger. You try to call her up, but she isn't home. Then it dawns on you just how terrible this really is. You become very confused and agitated. You feel strong recriminations towards yourself for somehow not having protected her. You feel guilty, almost shamed. For the time being, you are too ashamed of even call her anymore.

You still care for her very much, and want your relationship to go on.

An intervener calls you two together to somehow talk things out.

At first you are uncommitted.

EXERCISE G

Role: Intervener

You go to meet a young lady who has recently been raped. In addition to the intense shame and pain caused by the rape, you notice that the young lady's serious relationship with her boyfriend seems to be on the rocks. This seems of importance to her present well-being. You are going to try to bring them together to talk things through.

CRISIS

WHAT IS IT?

Simply put, a crisis is any event, situation or combination thereof that unbalances a family's or an individual's ability to cope using past coping mechanisms. As such, and since every family and every individual is a unique entity, so are crises unique in their own way.

The variables that come into play can include the nature of the event, its severity, the existing family relationships, personalities and temperaments.

The family is especially vulnerable as it has high expectations for intimacy and interpersonal peace, with members bound together both by choice and by love, but also by constraints of law and of perceived duty.

ELEMENTS OF CRISIS SITUATION

1. Problems or periods of stress occur in everybody's life; as a natural reaction to the problems or stressful events an individual feels anxious and may become disorganized in dealing with the problem. The person will begin by trying methods of dealing with the situation that have worked for him in the past.

2. The old methods of coping do not work - and the problem or stress continues. The individual's anxiety becomes worse.

3. The individual tries other solutions as his tension deepens. Sometimes the crisis itself lessens at this point - the crisis may change in nature, or the individual may change his goals or hopes for the outcome.

4. In the final phase the person, in effect, «gives up». He has tried solving his problem with all the methods he can devise himself and nothing has worked. Anxiety and tension often lead to depression in this last stage.

COPING

Everybody is prone to emotional trauma; some are more crisis-prone than others, but this does not mean they are mentally or physically ill. One's vulnerability to emotional trauma depends on how new, intense and long-lasting the stresses are.

INEFFECTIVE COPING MECHANISMS: (A PARTIAL LIST)

1. Denial, «forgetting about it»
2. Alcohol or drugs
3. Excessive sleep
4. Projection - Blaming it on others
5. Increased eating

SOME OF THE EFFECTIVE COPING MECHANISMS ARE

1. Intellectual function:
   - ability to act decisively
   - ability to use problem solving techniques
   - ability to anticipate stressful events
2. Interpersonal assets:
   - friends and family members who offer support

3. Emotional resources:
    - ability to face ones own problems
    - ability to endure uncertainty
    - ability to express emotions freely

4. Hope (self explanatory)

5. Self-motivation:
    - ability to make up and carry out practical plans for oneself.
    - desire to win

6. Healthy personality:
    - positive self-image
    - ready to learn from past experience

THE FOUR QUARTERS OF A CRISIS

1. THE HAZARDOUS EVENT

The initial and/or on-going occurrence that started the chain reactions that lead to a crisis.

Ex:
- having a baby
- losing a job
- alcoholism of partner, etc.

2. THE VULNERABLE STATE

Not all hazardous events turn into crisis; the individual must be vulnerable for a crisis to develop.

Ex:
- illness
- anxiety
- depression
- weakness
- menopause

3. THE PRECIPITATING FACTOR

Figuratively the straw that breaks the camel's back: the final blow that makes the vulnerable person break.

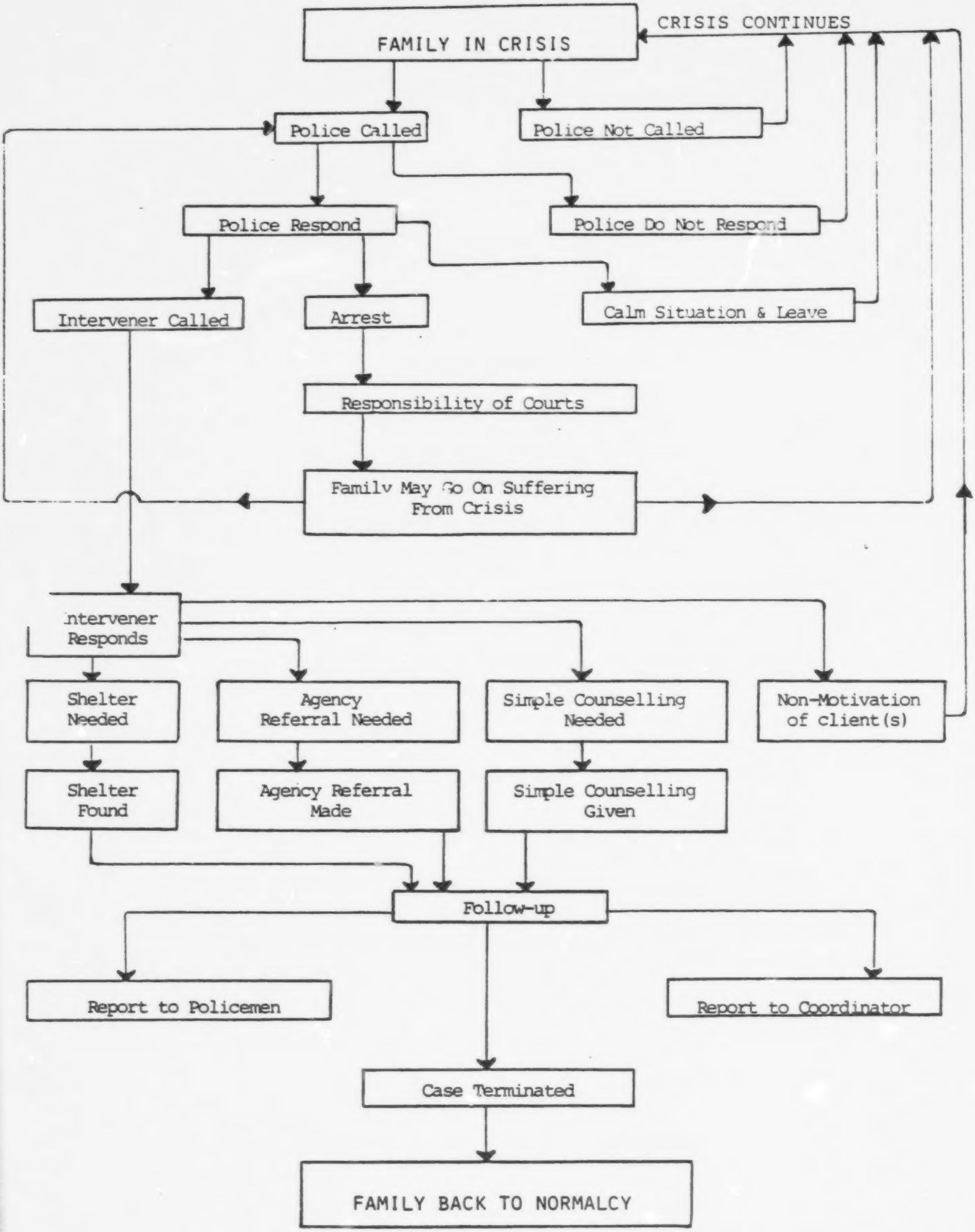
Ex:
- verbal argument
- name calling
- spouse comes home drunk
- denial of having needs met

4. THE STATE OF ACTIVE CRISIS

The person is no longer able to handle the decision. Cannot solve the problem or make a decision, even those unrelated to the original hazardous event. In severe cases, the person appears to be in a daze, behaves in bizarre ways. Feelings of helplessness, impotence, powerlessness, indicisiveness, panic.
Note: At this point a person is most vulnerable - but also is at the best juncture to effect a change.

FAMILY IN CRISIS

A FLOW CHART OF EVENTS


FAMILY IN CRISIS
CRISIS CONTINUES
Police Called
Police Not Called
Police Respond
Police Do Not Respond
Intervener Called
Arrest
Calm Situation & Leave
Responsibility of Courts
Family May Go On Suffering From Crisis
Intervener Responds
Shelter Needed
Agency Referral Needed
Simple Counselling Needed
Non-Motivation of client(s)
Shelter Found
Agency Referral Made
Simple Counselling Given
Follow-up
Report to Policemen
Report to Coordinator
Case Terminated
FAMILY BACK TO NORMALCY

CAUSES OF CRISIS

There are three basic categories of events which can trigger a family crisis. These are environmental events, family conflicts and symptomatic behaviours of individual family members.

There are six types of *environmental events:*

1. death
2. separations and relocation
3. financial or work problems
4. illness or accident
5. sexual (or other) assault of a child
6. sexual assault of an adolescent or adult

Separations, and relocations in particular, are common in triggering a crisis. Over half of all psychiatric patients are members of a separation crisis. In addition, a large number of family blow-ups occur at a time when a family is moving from one place to another.

Family conflicts revolve around four (4) types of events:

1. marital and family discord
2. wife or husband abuse
3. homicide intent or attempt
4. child abuse

This category differs from environmental events in terms of the direction from which the problems arise. With environmental events, the problems impinges on the family from a basically external direction. In other words, these events arise from outside the family, in areas over which the family has little or no direct control.

In the case of family conflicts, the events occur through difficulties between dyads, triads or the whole family. In this case, the problem is under the direct control of the family members, even if the family at the time of the crisis is not aware of how to control or resolve the conflict.

The last category of events is also under the control of the family, but differs from family conflicts in that the crisis precipitating event arises from an individual member of the family rather than from interaction between family members. Beahviour of individual family members precipitating crises include:

1. mental illness
2. antisocial behavior
3. physical and psychosomatic illness
4. alcohol problems
5. adolescent drug abuse
6. suicide attempts in the home

PHYSICAL SIGNS AND SYMPTOMS

The physiological signs and symptoms that could be indicative of psychological crisis are:

- change in appetite
- headaches (usually chronic)
- abdominal pain
- loss of sexual drive
- rapid breathing
- rapid heartbeat
- extreme muscle tension
- nausea and diarrhea
- weight gain
- persistent insomnia (inability to fall asleep easily or to stay asleep through the night)
- peptic ulcer
- digestive upsets (including gastritis, duodenitis, colitis, spastic colon, or «nervous stomach»)
- high blood pressure[1]

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[1] The Crisis Intervention Handbook, by Brent Q. Haffen and Brenda Peterson.

EMOTIONAL SIGNS

A number of emotions, sometimes conflicting, in the same person can surface as a result of crisis.

- erratic changes in feeling
- fear
- anxiety
- confusion
- nervousness
- tension
- fatigue
- hostility
- anger
- depression
- ambivalence
- inability to make decisions
- panic
- weeping spells or constant outbursts of temper
- irritability
- guilt
- paranoia

Note: You can't tell people's emotions simply by looking, but you can obtain clues from what they say. *Ex:* «I never felt this way before» shows bewilderment. A desperate person might say «I've got to do something - I don't know what though». A helpless feeling may be expressed as «Nothing can help me, I'm in a zero situation.»

BEHAVIORAL SIGNS

- inability to concentrate
- preoccupation with the past
- slips of the tongue while speaking
- denial
- delusions and/or hallucinations
- change of habits
- demanding, clinging behaviour
- withdrawal from regular activity
- excessive drinking
- drug addiction (watch for needle marks on skin)
- frequent use of hallucinogenic drugs
- criminal behaviour
- serious juvenile delinquency
- sudden carelessness in dress in a usually well-groomed person
- alcoholism

CRISIS INTERVENTION

WHAT TO DO

WHAT IS CRISIS INTERVENTION

As we've said before, a person in crisis faces a problem he cannot readily solve using the coping mechanisms that have worked before. He is caught in great emotional turmoil and feels unable to take action on his own to solve the problem. Crisis intervention offers the immediate help necessary to re-establish personal equilibrium. It is a short-term therapy geared to solving an immediate problem - a kind of psychological first aid.

Your role is to help - «How can I help this person» - not to analyze - «Why did this happen» - and certainly not to judge - «How could you do such a thing?».

TO BE DONE

1. Assessment of the individual and his problem, the circumstances directly relating to the immediate crisis situation.

2. Planning of the therapeutic intervention based on the knowledge of the nature of the crisis, the length of time since onset of crisis, and estimates of the make-up of the individual.

3. Intervention: utilization of certain social work skills aimed at restoring a level of functioning existent prior to the crisis. Assistance is given in making plans for the future and developing techniques to help cope with future crisis.

RFCI'S GOALS OF CRISIS INTERVENTION ARE

1. to reduce the impact of a stressful event by offering immediate emotional environmental first aid, so that he/she may cope by rationalizing and understanding the problems through on-the-spot clarification and guidance,
2. to help restore the person to his/her pre-crisis level of functioning, and
3. if needed, to refer the individual to the appropriate personal services agencies.

EFFECTING CHANGE IN CRISIS

One of the most important factors in psychological first aid is urgency. Your ability to be on the scene and to act immediately is a precious one, because a person who is experiencing a crisis is having intense and unfamiliar feelings of being out of control, anxious, tense and panicky. This represents a pivotal point in an individual's life - bringing *opportunity* as well *danger*.

In general you must present a sharp contrast to the person's panic. Approach him/her in a controlled, warm, reassuring way. Don't overreact to whatever the person says or does. In family conflict, don't take sides, *ever*. Reassure everybody that their need for help is legitimate and normal, not shameful or abnormal.

PRACTICAL CONSIDERATIONS

1. Intervention is more likely to be successful if it occurs during the acute phase of the crisis rather than when the crisis is past, by which time the individual or the family have reached some form of compromise and are less apt to change.

2. The helper should try to «stay with the crisis», be it one hour, 24 hours, or whatever; but keep in mind that the commitment to the client is over a relatively short period of time; anything requiring long commitments should be referred to long-term therapy services.

3. As far as possible, the intervener marshalls support from family, neighbours and friends. The object is to keep the individual in his home and his family setting. The help of other agencies can be used.

   Ex: home service, meals-on-wheels, health visitor, etc.

4. A person in the throes of a crisis is more than usually susceptible and dependent. This gives an opportunity for dealing with the actual problem which later may be distorted or concealed. But since your help is for a short time only, this dependency should not become too extensive.

5. The object of the exchange between helper and client is the encouragement of honest talk, open expression of feeling, and the maintenance of hope. The actual events and issues of the emergency should be faced as straightforwardly as possible, including the fact that *no certain assurance of outcome is guaranteed.*

6. A reality-based and reassuring style is generally aimed at; rigid adherence to preconceived notions of therapy is better avoided. It has been said, «Whatever works is useful».

7. The intervener should not spend time in analyzing why the family has failed, but rather encourage meaningful planning and action as a way towards a solution to present difficulties.

8. The termination of the intervener's relationship with the client is foreseen from the very beginning, but there is no need for a stamp of finality. On a future emergency the individual should feel able to call for help again.

INTERVENTION

STEP BY STEP APPROACH

SEVEN STEPS IN INTERVENTION[1]

The RFCI uses a seven steps sequence approach for intervention in a crisis. These skills are not isolated from each other but overlap from one to the next.

STEP I - DIFFUSING

First meeting. Calm tempers to the point where rapport can be established. Decide on the physical arrangement of room. Set informal tone and clarify the intervener's role.

- Allow verbal ventilation.
- Be calm and unhurried.
- Bring parties together in same room.
- Everybody should sit, preferably at the same level.
- If one party is very disturbed or angry, have him sit in a more comfortable chair to calm him.
- Be a traffic director, reorder the environment.
- Don't allow verbal ventilation to grow out of hand - keep it under control.

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[1] Adapted from «Third Annual Report», by Gérald Daigle, Jean Dupuis and Peter Lerette, Restigouche Family Crisis Interveners, Campbellton, N.-B., 1983.

- Remove a party if necessary.
- Repeat yourself if not clearly heard or understood.
- Watch out for areas where potential weapons are handy, such as the kitchen (knives) or bedroom (guns).
- You may decide to do nothing (a way of gaining control).
- Offer agreement on small things (deffection).
- Agreeing without agreeing (fogging).
- Repeat your requests, be patient.
- Be a guest, don't be shy to ask for a coffee, etc. This latter «a request for coffee», for example, serves two purposes:
    1) it makes you out more of a person than an institutional figure, and
    2) sometimes doing routine things (like fixing coffee) helps people calm down.

**Instructor:* GUIDED DISCUSSION PERIOD ON DIFFUSING

Ask questions on how students view diffusing: its purpose, its practicality, its possible problems. Field their questions. Have them participate in the discussion.

Ex: A policeman was called to intervene at an apartment building where a family was in the midst of a crisis. On arrival, he found the father of the family «very silent», but visibly disturbed and «tensed up like a spring ready to recoil», a walking accident waiting to happen.

The officer responded by mentioning the long steps up the apartment building, and the hot weather. He asked to sit down and encouraged the man to do the same. The officer unhooked his collar, further relaxing, smiled and asked for a glass of water.

The result: within 60 seconds the client had calmed dramatically, and was able to speak with self control. A potentially violent confrontation was avoided by the officer simply by the behaviour opposite what the client was expecting and, perhaps subconsciously, hoping for.

STEP II - RAPPORT

Ask everybody to introduce themselves. Educate people to the process. Lay out ground rules, reinforce purpose, answer any question.

**Instructor:* GUIDED DISCUSSION PERIOD ON RAPPORT

- Establish an initial relationship with the family; introduce yourself and your reason for being there. Tell them what you'll be doing, what you won't do.

- Use words and actions designed to put the clients at ease.

- Be objective and impartial, but emphatic.

- Be sincere.

- Be respectful (e.i.: give and take)

- Show willingness to help promote an atmosphere of concern and caring.

- Be always aware of your non-verbal behaviour.

- Establish an atmosphere of trust (What are the intervener's motives?).

- Personalize.

- Go slow until you know what's appropriate.
- Ensure confidentiality.
- Clearly let them know what to expect: educate people to the process.

Ex: I'd like to let you know a little bit more about myself (everybody introduces themselves, Intervener first, Disputants second).

Before we get started I'd like to let you know a little bit more about who I am and the procedure we are going to use today.

As you probably know, I am not a judge, lawyer or counselor, I am not here to prove that someone is right or wrong, guilty or innocent. In my role as Intervener, I am a mediator, facilitator, and I am going to stay strictly neutral. That is, I will not take either of your sides. I have a good deal of training and experience at this and I have seen this work for many people who have had disputes like yours and I believe I may be able to help you settle things today.

I do want you to know that I can't settle your problems for you. You will be responsible for that. What I can do is help you work together to find a solution that works for both of you.

I, myself, am a trained volunteer and I do this work because I care about what happens in my community and want to show you that you can settle things yourselves without fighting them out.

We are going to follow a fairly simple procedure. *First*, I will ask each of you, one at a time, to tell me about the situation so I can understand your concerns. In a *second* part, we will explore possible alternative ways you might solve some of the problems and issues that are on your minds. In the *third* part of the meeting, I am going to summarize the facts, feelings, issues and offer you a chance to negotiate. If you are successful, we shall finalize with an agreement.

To do all this, I need your help and would like you to agree to three ground rules. *First*, do not interrupt each other even if you disagree or don't like what is being said. I promise you that you'll have a full chance to tell me all these things that are on your mind. *Second*, I ask that you treat one another with respect. And *third*, I would like you to stay as open as possible to finding a creative solution to the problem. Do you both agree to follow these ground rules? (Get an affirmation, either verbal or non-verbal, from each disputant).

Does anyone have any questions? If not, why don't we begin with you,________________. Why don't you tell us how you see things.

STEP III - INTERVIEW

Give everyone full opportunity to tell their side of the story. Help people express their feelings as fully as possible. Help people clarify the issues. Facilitate exchange between disputants.

Ask for a review of the situation from each person - how they see the problem.

Use all sources of information at your disposal, including:

- what each of the disputants have to say, each of disputants verbalizing,
- observable non-verbal behaviour (tension, impulsiveness, agitation, withdrawal)
- observable environmental evidence (disarray of house, seating patterns, weapons).
- other individuals present
- your own gut feelings

Use paraphrasing and active listening to make it clear you are with them:

- «What I see is...»
- «I hear you saying that...»
- «You seem to me to be...»
- «Did I get that right...?»

Stay away from why questions. Ask «what» questions once everyone has clearly stated their view of the problem.

Ex: «What was your response to that?»

Don't allow blaming or excuse making. Don't ever take sides.

Ex: So it's your opinion that it is so and so's fault. What other things do you see as being part of the problem.

If it becomes clear that people cannot avoid interruptions, talking for each other, shouting, etc., separate the group (caucus). Re-explain the process if necessary.

Always stay aware of «control».

**Instructor:* GUIDED DISCUSSION PERIOD ON INTERVIEW

- Interview

- Get a feel of how the family communicated before you arrived.

- Include all family members.

- Slowly, calmly find out what happened, how it happened, why they think it happened, etc.

- Never, never, never take sides.

- If the «identified patient» (the member of the family other members point to as the source of the problem) is being vilified by other family members, reflect back to family what you see happening. Hostility and blaming behaviour are to be avoided as a waste of time.

- Be careful not to be elected as temporary family decision maker. If you see this happening, reassert your independent role.

- Bring the family to greater self knowledge, an understanding of the pressure acting on them and their behaviour, reactions, etc.

**Instructor:* LISTENING EXERCISE

Have your trainees divide into pairs. Tell each person to write down a statement about something he strongly believes. For example, «every woman in this society experiences sexual discrimination». When everyone has written down his statement, one person in the pair reads the statement to his partner. The partner then repeats to the reader the meaning of the statement in his own words. When they do this, they are *paraphrasing* (giving back the meaning of the statement as they understood it). The reader listens carefully to the paraphrase, without comment. When the listener has completed his paraphrase, the reader can only reply as to its accuracy in one of three ways:

1) Yes
2) No
3) Partly

If indeed the listener has understood and given back the complete meaning of the reader's statement to the reader's satisfaction, the pair reverses roles and the listener becomes the reader and shares his statement with the partner. They continue the same process until the meaning of the statement is conveyed and paraphrased accurately and completely.

If, on the other hand, the listener does not paraphrase (give back the meaning to the reader's satisfaction), the reader answers «No» and the listener tries again. The listener may ask the reader to re-read the statement as often as he wishes . . . each time trying to understand more completely and grasp any meaning that he is not perceiving.

If the listener is paraphrasing a portion of the meaning, but not the entire message which the reader wishes, the reader replies, «Partly», whereupon the listener may try again, or ask to have the statement repeated.

Ex: Reader: «Every woman in this society is a victim of sexual discrimination».

Listener: «You are saying women are not given equal opportunities in the job market».

Reader: «Partly».

Listener: «You're saying that women suffer educational discrimination».

Reader: «Partly», etc.

This exercise is good for developing listening skills, interpreting inflection and tone of voice, and «reading between the lines». It also adds enlightenment, insight and a degree of liveliness to nearly any group.[1]

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[1] Effective Coordination of Volunteers, by Lorraine Laffata. Rockville, MD. 1980.

STEP IV - EVALUATION

Identify and analyze facts and feelings, interests and needs. Prioritize issues as you have heard them. Develop a strategy and fresh lines of questioning.

Evaluation begins the very first moment the people start talking to you.

Collect basic data:

- Where the person is, physical status (injury?), alone or with others, children, etc.
- You can obtain a lot of basic data by carefully listening to the person describe his situation. Take notes.

Previous and present treatment:

- Is the person a new client? It is important to find out if he has been a client of your program before. If he was a client before, what kind of help did he receive?
- Is the client currently in treatment with a counsellor? If so, you should avoid establishing a treatment contract.

Motivation level of the client:

- Explore with the client how he has attempted to master or tried to cope with the problem before asking for your help. This will give you some idea of the client's motivation level.

**Instructor:* GUIDED DISCUSSION PERIOD ON EVALUATION

Following the interview phase, both you and the family should have a better idea of the real issues at play here, a more or less clear grasp of the problem. Try to have the family find out for itself its own solutions. You may suggest, but do not impose; counsel, but do not order.

STEP V - RESOLUTION

Shift the discussion toward possible future solutions. Help people prioritize the choices they see and to understand consequences. Prepare people for negotiation and/or begin negotiation through no-risk narrowing and shuttle diplomacy.

**Instructor:* GUIDED DISCUSSION PERIOD ON RESOLUTION

- Ask each family member what solution he sees to the current problem. Help them look at their options (agreement, compromise, referral, separation, etc.).
- Evaluate each solution by wondering how will it help.
- Attempt to stay out at this point to allow their own problem solving skills to come into play. If this does not work, return fully to the picture.
- Help by asking each person to suggest options.
- Imply that feelings can be felt - they do not need to be acted on.
- Ask how they coped with similar problems in the past.
- Ask each what they eventually would like to see changed.
- Encourage expression in a realistic way about the future.
- Look for hope and encourage it. Also encourage autonomy.

- Demonstrate to them that they are not alone, that other families have pulled through a similar crisis.

- Help make a plan for the immediate future.

- Set realistic limits, so the plan will not be too ambitious.

  Ex: «Let's plan for the next three days», or «Just for the rest of the day».

- Whenever you are doing informal contracting, make sure that the plan is possible.

- Make sure that the plan has everyone's support. Support does not mean that everyone thinks it's ideal. However, everyone should be able to participate.

- Be very careful about how consequences are handled in the plan, especially if you will not be dealing with the family on an on-going basis. It might be better if consequences are not included as part of the contract. If one or several family members insist on including consequences, make every effort to be sure they are fair and reasonable.

  Ex: «What if ...?»

STEP VI - TERMINATION

Summarize agreements to date and any remaining issues. Reflect back needs and interests that might be part of an agreement. Help both parties negotiate and arrive at acceptable agreements. Thank them. Wish them luck.

Instructor: GUIDED DISCUSSION PERIOD ON TERMINATION

- At the end of the session, ask every member of the group if there is anything they felt that needed to be brought up and wasn't.
- Ask for a commitment - a written contract, a handshake, or at least a verbal agreement.
- Indicate your willingness to assist when a decision is reached (and do so by follow-up).
- If you're still unsuccessful (heaven forbid!), a party can still be encouraged to leave or can be removed.
- Finally check out and assess how each person felt about the intervention.

STEP VII - FOLLOW-UP

After a few days, check the effect of your intervention on the clients and on yourself. Did clients use the services you recommended? Assure people that the door is «open» if further problems develop.

**Instructor:* GUIDED DISCUSSION PERIOD ON FOLLOW-UP

- Has the situation improved or deteriorated?
- When you check back with the client, you get feedback on the intervention. How effective and efficient was your intervention?
- You, as a helper, may get personal feedback about your skills.
- You may receive new information about the referrals you gave the client.
- Follow-up allows you to reinforce specific and significant aspects of your previous intervention.

Now that we know the system, what puts a family into a crisis state and the events which precipitate a family crisis, we can now turn our attention to how to handle a family in crisis. In the following pages you will find a *basic approach* to family crisis intervention.

The approaches that are open to you as a crisis intervener are limited by the type of contact you have with the family. Sometimes you will be able to see the whole family at one time. However, sometimes you will only be making contacts with one or two members or only one member over the phone.

The «Seven Steps in Intervening» is a possible outline of the steps to follow when attempting to deal with a family in crisis. Rather than going again through the outline, let us emphasize certain points - some of which are contained in the outline. All the points are important for you to keep in mind as an intervener.

FIRST, before you ever arrived on the scene, realize that this family has been functionning for some time. It had its own rules and its own communication system. As the Crisis Intervener, you must assess the family as a unit. Think of the family as a clock or a motor. There are a number of different parts, but they all work together. Try to get a feel for the family in terms of how they communicate and function with each other.

SECONDLY, include all the family members who are present. Encourage them to state their thoughts and feelings about the crisis - how the crisis is affecting them, what they want to see changed and how they see the changes coming about. Always remember, every family member has an investment in the family and the resolution of the crisis.

THIRDLY, be very careful about taking sides. Sometimes this will be difficult; one family member get ganged upon by other members. Rather than come to the defence of the picked-on member, reflect back to the family what you see happening. Ask them to comment on their behaviour and also give some time for the picked-on member to react to the attack.

FOURTHLY, whenever a crisis occurs, there is usually some hostility. After all, the family is in disequilibrium, someone or something is not performing up to snuff and the needs and expectations of family members are no longer being met. In our society, whenever something goes wrong, we are all too prone to point the finger of blame and rarely do we point it at ourselves. The same is true of the family in crisis. Hostility and blaming behaviours are to be avoided as a waste of time. Some of the more recent studies in the area of aggression have shown that when we allow people to vent their anger, it only increases the probability of more venting of anger.[1]

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[1] A Study of Families in Crisis, by Beverly Wombolt, unpublished, Halifax, 1981.

The family members have probably made their anger clear to the rest of the family before you ever see them. In addition, anger and hostility are usually a person's way of saying «you hurt me», «I'm unhappy», etc. As a crisis intervener, your time is limited and hostility will not resolve the crisis.

FIFTHLY, watch out that you are not elected as temporary family decision maker. Granted, the family is unable to cope with the present crisis, but they have coped before and they all have ideas on how they would like to see the present crisis resolved. Give them as much space as possible and act as an arbitrater. It goes without saying that not every family member is going to get what they want, but let the family decide the compromises - you just make sure that everyone gets a fair shake.

YOUR ROLE IS TO

1) keep them on track within the focus of the crisis
2) offer information and clarification
3) make sure that everyone gets heard
4) make sure that they are left with some definite plan of action, even if that action is to sleep on it and to call a family counselor in the morning.

At all costs, try to ensure that everyone agrees to be up front and put their two cents worth into solving the crisis.

Lastly, one needs to be concerned with the IP - this family member is the *identified patient*. This is the member whom the rest of the family feel is the one with the problem, or who is the problem. Two points concerning the IP must be raised:

1) whether or not the IP is the problem, all family members have an investment in that individual - don't lose your family focus
2) in many cases, especially with adolescents as IPs, behavior of the IP only reflects some other family crisis.

For example, Dad left, and Mom is sleeping around or vice versa; or Dad is beating Mom, so Son is becoming increasingly hostile, cynical and antisocial. Whatever the case, try to achieve some understanding of the family context within which the problem (or the IP) exists.

So far that sounds great, but suppose all you have is one family member and he or she is the one who is on the telephone. Although you are somewhat limited, you can still put your skills to use. The caller will state the problem, how he feels about it and how he thinks it can be resolved. Find out how other members of the family feel about the problem. If the caller is vague in this area, point out that everyone in the family probably has thoughts and feelings on the issue. Explore with the caller the past methods of solving a crisis and why they won't or don't work in this case. Encourage the caller to talk with other family members and to seek out a second party, someone not in the family, to sit with the family when they discuss the crisis.

Most importantly, let the caller know that if he or she is in pain, probably so are other members of the family. In whatever manner is most comfortable for you, stress the system approach: the family is a unit; if something is hurting one member of the family, it is also hurting other members of the family even if they are not talking about it.[1]

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[1] Intervener's Manual, by Gérald Daigle, unpublished.

THE POLICE

WHAT DOES CRISIS INTERVENTION HAVE TO DO WITH THEM?

It has been demonstrated by many writers that, contrary to popular belief, the major part of a policeman's role (50 to 80 per cent of his time) is comprised of performing non-criminal, order maintenance or social duties.

It is also readily visible that a major part of a policeman's duty is dealing with *people:* most of them under the effect of various levels of stress and perhaps crisis.

One of the most hazardous assignments police officers face is dealing with family quarrels and disturbances. Various United States studies have reported that more police injuries and police homocides occur in domestic disputes than *any other category of police duty.*

In 1972, 13 per cent of all U.S. policemen killed in the line of duty died while responding to disturbance complaints. Twenty-seven per cent of assaults on police officers occurred in the same setting.

In Canada, of the 41 police officers killed between 1961 and 1973, six (15%) were killed while on domestic disturbance calls.[1]

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[1] Killed Canadian Policemen and their Killers. By: A.F. Dalley, RCMP Gazette, Vol. 37, #4.

The risk is even greater for participants in these quarrels. Of all murders reported in 1972, 24.3 per cent occurred between family members, 7.1 per cent during a «lover's quarrel» and 41.2 per cent as the result of other arguments. The vast majority of all aggravated assaults involve relatives, neighbors or acquaintances.

When crisis intervention was first developed, the earliest method using police officers trained in intervention technique, results were anticipated by administrators. These were met more or less as expected. However, one totally unexpected development was *a spectacular fall in the incidence of assaults or homocides suffered by these policemen.*[2]

HUMANATARIAN PEACEKEEPERS ARE CHARACTERIZED BY:	AUTHORITARIAN PEACEKEEPERS ARE CHARACTERIZED BY:
Informality	Formality
Flexibility	Rigidity
Openness	Closeness
Underreaction (non-propensity towards violence)	Overreaction (propensity toward violence) (3)

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[2] Training Police as Specialists in Family Crisis Intervention, by Morton Bard, Ph.D., U.S. Department of Justice, Washington, D.C. 1970.

[3] The Social Service Role of Police Domestic Crisis Intervention, by Bruce Levens and Donald Dutton, Solicitor General's Department of Communication, Ottawa, 1980.

HUMANITARIAN PEACEKEEPERS RELY ON:	AUTHORITARIAN PEACEKEEPERS RELY ON:
Persuasion	Coercion
Words	Weapons
Normative power	Physical power
Social-science expertise	Sharp-shooter expertise
Innovative procedures	Traditional procedures
Non-role behaviour	Role behaviour (3)

Very special note: With regard to casualities, humanitarian peacekeepers elicited less injury than their authoritarian counterparts.

Family crisis intervention training, in general, stresses the safety of the intervener, teaches techniques for diffusing interpersonal violence, for mediating the problem and, in most cases, emphasizes the referrals of disputing parties to one of the helping professions where appropriate. Police departments that have adopted this kind of approach have found that, in most cases:

a) Police injuries are reduced.

b) Time spent by police in domestic, i.e. non- crime related, activities is reduced.

c) Recidivism - repeat calls for intervention in the same family - is reduced.

d) Family use of other community resources and contact with help professionals increases.

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[3] The Social Service Role of Police Domestic Crisis Intervention, by Bruce Levens and Donald Dutton, Solicitor General's Department of Communication, Ottawa, 1980.

THE INTERVENER

A SPECIAL PERSON FOR A SPECIAL JOB

INTERVENER CHARACTERISTICS

1. Has an interest in helping fellow human beings; he is caring;
2. has the ability to empathize with the problem;
3. has tact, and a sense of responsibility;
4. is resourceful, shows initiative and imagination;
5. is cheerful, a good listener;
6. shows genuine interest in the program;
7. can be depended upon when on call;
8. can conduct intervention in an appropriate manner;
9. is non-judgemental (open-minded);
10. is emotionally stable;
11. can cope with stressful situations without becoming anxiety prone himself.

RESPONSIBILITY

In general, the intervener helps a client identify problems, examine alternatives, and set realistic goals. The intervener provides resources and emotional support and helps link the problem to a solution. The main responsibility of the intervener is to use the crisis in such a way as to maximize the opportunity for positive changes in a family situation.[1]

In addition to this, interveners are also expected to:

1. Attend training workshops arranged by the Coordinator, and strive generally to improve himself through study and experience;
2. be aware of community resources, particularly in regard to personal services;
3. report to the Program Coordinator any problems or unusual circumstances concerning the client, for appropriate action;
4. fill out all reports concerning client visited, to be submitted at periodic meetings with the Program Coordinator;
5. after case completion, provide feedback to the police officer about the outcome;
6. meet periodically with the Program Coordinator, police officer(s) and other interveners to analyse cases and offer feedback;
7. respect the client's privacy;
8. not become personally involved with a client.[2]

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[1] RFCI Second Annual Report, by Gérald Daigle, 1982 Campbellton, NB.

[2] RFCI Third Annual Report, by Gérald Daigle & Jean Dupuis, 1983, Campbellton, NB.

COMMUNICATION SKILLS

To help people cope with crisis, you have to gather information, allow the stories to be told, let the clients express themselves, etc. Here are a few hints at how to do this.

OPEN ENDED QUESTIONS

Allow the speaker leeway to elaborate as much as he likes, encourage him to make himself understood. Ex: «How do you feel about that?» «Tell me more» «Give me an example» «What does that mean for you?»

ACTIVE LISTENING

A sort of «reading between the lines» using your ears. What is the hidden meaning of a statement? The intervener tries to interpret underlying emotions or concerns of client; responding in a short, neutral statement. Ex: If a person says «My wife is always with the kids», ask «Does that mean she doesn't spend as much time with you as you'd want to?»

CLARIFICATION

Interrupt the speaker to ask about what just said. Indicate an interest in details and a concern for what was *really* said. Use only when the client has finished a segment of the story. Use sparingly.

SUMMARIZATION

Demonstrate interest in the speaker and what he has said recounting the story so far.

ALLOW SILENCE

Demonstrate your sensitivity to the speaker's confused emotional state; allow him to collect his thoughts.

STATE THE OBVIOUS

Reduce the speaker's confusion by making clear statements of fact; offer support and security. «I know this is hard to talk about», etc.

TYPES OF CRISIS

CASES YOU MAY RUN ACROSS. HOW TO DEAL WITH THEM

CHILD ABUSE

THE MOST INNOCENT VICTIM

Abuse of a child may be physical, emotional, or sexual, or the child may simply be neglected. Each type of abuse has its own distinct characteristics that enable you to identify an abused child, but some characteristics are common to all abused children, regardless of type of abuse.[1]

IDENTIFYING

1) The child appears to be different from other children in physical or emotional make-up; the child's parents may even describe him as being «different» or «bad».
2) The child may seem unduly afraid of his parents.
3) The child often has bruises, welts, untreated sores or other skin injuries. (But emotional abuse victims will have no visible marks.)
4) The child shows evidence of poor overall care; his clothes are dirty, torn, or poorly fitting; his teeth are decayed and have not been treated by a dentist; and so on.

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[1] Child Abuse & Neglect, by the National Center on Child Abuse, Washington, D.C., 1975.

5) The child has injuries that seem to be inadequately treated.

6) The child is given inappropriate food, drink or medication (drinking beer, etc.).

7) The child has extremes in behavior. For instance, a child may cry too easily, at the slightest provocation. Or the child may not cry at all, even when hurt.

8) The child is wary of physical contact, especially if it is initiated by an adult. A few abused children may seem hungry for adult affection, and may be inappropriate about how to get it.

9) The child exhibits a sudden change in general behavior. [2]

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[2] The Crisis Intervention Handbook, by Brent Q. Haffen, Brenda Peterson.

CONTRIBUTING CAUSES

Much child abuse is caused by stress which the parents cannot completely handle. Some factors that cause their stresses are:

Geographic Isolation:

Families who live in isolated areas or who have moved away from family and friends have no personal outlets. Their social supports are few, and they have fewer places to turn in times of stress.

Economic Problem:

Money problems can create obvious stresses; poor housing, too little to eat, pressure from creditors, etc. But there are hidden stresses too: many suffer a crisis in self-confidence if they are suddendly unable to bring in enough money for their family. This lowering of self-esteem can eventually cause them to turn to violence, which they would not consider under normal circumstances.

Alcohol & Drug Abuse:

Alcohol and drug abuse affect self-control and encourages impulsiveness, they also increase the severity of the abuse.

Change in Family Structure:

Changes in family structure increase stress. The feelings of anxiety, dependence, fearfulness and loyalty conflict, resulting in reduced ability to cope.

Medical Problems:

Stress results when any family member becomes dependent due to medical problems: hyperactivity, mental retardation, physical disability, etc. A parent may suffer extreme stress having to handle an extraordinarily demanding child.

Inadequate Parenting Skills:

Managing children is a big job - and so is being a parent. Too often we take for granted that these skills come as second nature, but to many they are foreign territory. A parent who does not know the basics of child care will experience stress that can lead to violence if unresolved.

Pregnancy:

Pregnancy can create its own special kind of stress - especially if the child is not wanted, if the mother or father is anxious about being able to provide for the child, or if the father believes the child is not his. The parent(s) may take out these stresses and fears on other children, or on the child once born.

POTENTIAL FOR ABUSE

Four major factors influence the advent of child abuse:

1) The way the parents themselves were brought up.
2) Have they become very isolated individuals who cannot trust or use others?
3) Do they have a spouse so passive as to be incapable of «giving»?
4) Do they have unrealistic expectations about their child (or children)?[3]

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[3] Helping the Battered Child & His Family, edited by C. Henry Kempe, M.D. and Ray E. Heller, M.D.; J.B. Lippincott Company.

SEXUAL ABUSE

WHEN THE CHILD TELLS

If a child begins to tell you about sexual abuse:

1) Assure the child that you believe what you are hearing.

2) Make every attempt to clearly understand the nature of the abuse.

3) Reassure the child that he is not responsible for what has happened.

4) Say clearly that you will see that every effort will be made to protect the child from future abuse.

5) Contact a social services agency, a physician or the police immediately.[4]

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[4] Vis-à-vis, Vol. 2, No. 1, National Clearinghouse on Family Violence, Ottawa, Ontario, 1984.

DEATH & DYING

MAKING THE FINAL DAYS EASIER

MEETING THE NEEDS

1. Help him maintain his dignity until the end.
2. Offer him hope: Not of recovery, but of the momentous experience, of rebirth in its religious context.
3. Let him participate in giving and receiving. Allow him to share favorite momentos he wishes to leave to the treasured few.
4. Let him act out his frustrations and angers.
5. Allow the dying person to have privacy when he needs it.
6. Touch and hold the dying person.
7. Help the dying person work out matters of concern to him. This includes anything from the last will and testament, business left undone, insurance papers, contacting long lost friends, etc.
8. Have the family give the person permission to die. Help him prevent feelings of guilt and depression for «leaving» loved ones behind. This is especially true of children, who may feel the intense hurt of the parents as disapprobation of the child for being so sick.[1]

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[1] The Crisis Intervention Handbook, by Brent Q. Haffen, Brenda Peterson.

RIGHTS OF THE DYING

1. The right to know the truth. Some patients, however, prefer not to know all the grim details. Allow patients to choose.
2. The right to confidentiality and privacy.
3. The right to consent to treatment.
4. The right to choose the place to die.
5. The right to choose the disposition of the body.

DEATH AND CHILDREN

Six months to three years:

Children perceive death as an absence, a state of non-being. Their major fear is one of abandonment. A terminally ill child will perceive his parents are leaving, not he who is doing the leaving.

Three to five years:

Children are frightened by death because they see it as mutilation; they associate bodily injury with death - probably from having seen dead animals. They see death as punishment, or something they caused. («Mommy died because I was a bad girl all week.»). Many believe death is only temporary; like leaves on a tree, they fall dead only to come back again.

Five to seven years:

They begin to distinguish between death as permanent condition and absence as temporary condition. Many believe death is caused by spirits, monsters, bogeymen, angels of death - personifications out to «get» them.

Eight to eleven years:

Have firm grasp of death as permament condition, though may still fear mutilation, pain, aloneness. Many fear «going to hell» or some place where they will be punished for «bad things» they have done.

Adolescence:

Have adult-like understanding of death. May go through mood stages of denial, anger, bargaining, depression, and acceptance, but to a lesser degree than adults. Some fear losing self-control and becoming helpless.

With all children you should approach death openly and honestly, depending on the child's emotional development. Sincere and genuine communication with someone he trusts is critical for the child. Those who stifle information do double harm: denying the child's need for growth, and letting the child imagine the worst (which is usually much more devastating than the truth).

SEXUAL ASSAULT

EMOTIONAL SCARS DEEPER THAN PHYSICAL ONES

HELPING THE VICTIM RECOVER

Immediately after the assault, the victim's contacts will be centered around doctors, nurses, social workers and police - people who need to gather evidence for an arrest and who need to treat the victim's physical injuries. This is an extremely stressful period for the victim. Your help will be most needed then, when her crisis is at its highest and her self-esteem at its lowest.

Contrary to most other crisis intervention, a sexual assault demands much time and careful counselling by the intervener, who may be asked to spend hours and days, over months of time, trying to help the victim recover from her trauma.

Relating to the assault victim and coping with the aftermath of a shattering experience is a very sensitive matter. Your attitudes will have a great impact on the victim and her perception of herself. Believe in the victim, and show her that you believe in her; let her tell you her side of the story, and do your best to understand.

THINGS TO DO

- Deal with your own feelings and reactions first, you need to be in control before you can help someone else.

- Let the victim know you are available for help, but know your own limitations. Keeping your limitations in mind, you might give the victim your phone number, offer to call her at certain times, etc.

- Support the victim, but don't make decisions for her. Instead, let her know that the decisions are hers to make and that you will support her in whatever she decides.

- Remember that it takes a lot of courage to report an assault, knowing that she can expect months of reliving the incident to police, juries and judges. Support her decision. Lend her strength.

- Work slowly and carefully. Your immediate reaction is important, and you need to take time to determine the victim's state of being. Let her give you the facts, and don't impose your feelings on her at this time.

- A woman who has been assaulted will feel helpless; the best way to combat this is to do something. Help her move out of the apartment where the assault occurred, for example.

- Don't surround the woman with silence or reproach: you may confirm her worst suspicions, that she is guilty of some terrible wrongdoing and that the assault is «her fault».

- Never blame the victim for the assault.

- Don't allow anyone else to blame himself for the assault. Ex: Perhaps the victim's father decides that if he hadn't let her attend night classes, this wouldn't have happened.

- The woman may get angry and may take out her anger on you, shouting at you, swearing at you, even attempting to strike you. Don't take this personally, even if the attack seems very personal; she needs someone on whom to vent her anger, and if you're there, she will choose you. Resist the desire to retaliate; continue to treat her with empathy and kindness.

- Don't dwell on things that are beyond her control - «If you had moved to a safer neighborhood, this wouldn't have happened». This will only make the woman feel responsible and guilty for the assault; furthermore, the woman can't change what has already happened.

- Don't dwell on the sexual aspects of the assault. It will be extremely difficult for the woman to re-establish her regular and normal sexual relationships anyway, and dwelling on the sexual part of the assault will just reinforce the woman's feeling of alienation.

- Offer unconditional, non-judgemental affection. Physical acceptance helps the woman overcome feelings of loneliness. You might touch her hand, pat her arm, or put your arm around her shoulders. Some assault victims feel «dirty» and «unworthy» of being cared for.

- The woman will probably need to tell her story many times over to you - let her. Listen with patience, letting her retell every vivid detail as many times as she needs to. At first, her accounts will be packed with emotion and will include sexual details; as she tells the story again and again she will gain better control over her emotions and will not find it necessary to be as explicit. Listen carefully to the story each time she tells it, and tell her you do not mind hearing it again. Never act bored or impatient.

- As you work with the woman, you might need to offer support to other family members, especially her husband, who may be feeling some combination of rage or guilt. Let him know that it is acceptable to feel that way, and emphasize that he was in no way responsible for what happened. Remember that a hysterical family member may lash at you, just as the victim might; be prepared for such attacks, and don't take them personally.

- As the woman works through her feelings in the days and months following the assault, make sure that she doesn't start attaching too many emotional problems or unresolved life conflicts to the assault. A woman who has always had problems in her interpersonal relationships, for instance, needs to accept that she has always had a problem instead of falling back on the excuse that she was assaulted. If you see that the woman is using the assault as a sort of crutch, you may need to refer her to professionals for help.[1]

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[1] The Crisis Intervention Handbook, by Brent Q. Haffen and Brenda Peterson.

EMOTIONAL REACTION

1) Acute reaction:

Victim is in a disorganized, emotionally active state; weeping, distraught, unable to think clearly; or, conversely, as emotionally contained with only occasional signs of emotional pressure, such as inappropriate smiling and increased motor activity.

2) Outward adjustment:

The period where the victim goes through a denial of the emotional impact of the sexual assault. She goes back to work, restores her social life, rejects any attempts at assisting her, and in general attempts to carry on as if nothing had happened.

3) Integration and resolution:

The emphasis is on the necessity of emotional confrontation with the experience, changes in life's pace because of the trauma, the resultant dreams, and deterioration of sexual relationships.

Crisis intervention seems to be the ideal model for use with sexual assault victims. Sexual assault is a sudden, overwhelming experience for which the usual coping mechanisms probably are inadequate. The victim needs an opportunity for emotional catharsis, reality testing for self blame, active support on short term basis, and someone who will assist in identifying the situational support available.[1]

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[1] Crisis Intervention Theory & Methodology, by Donna C. Aquilera and Janice M. Messick, C.V. Mosby Co. St-Louis, 1978.

Prompt referral and active intervention at the level of first contact with services (hospital emergency room, police station, etc.) may well prevent deterioration of the victim's emotional status.

The victim must recognize that something extremely disruptive has occurred in her life. The victim must be reassured that her feelings of victimization are legitimate and shared by others.

TAILORING TO HER SITUATION

In addition to the general principles already outlined, you may have to treat a woman a little differently because of her life situation or her age.

A woman with children:

She needs help in telling her children what has happened to her. The woman is usually concerned that her children will suffer of social stigma. While she should impress the dangers associated with walking alone, talking to strangers, and so on, she does not need to breed an unhealthy fear in them. You should help the woman by listening to her concerns and by helping *her* formulate a plan for telling the children. Again, the ideas should be hers; you help by actively listening and reinforcing. She may want you to be there when she tells them; if she does, respect her wishes. It is important for children to see, firsthand, that even though their mother went through a terrible ordeal she is fine now, but she will require some extra love and understanding.

A divorced or separated woman:

She is in a particularly difficult position. She is most likely to be blamed - «She was looking for it.» She is most likely not to be believed. Her life style, her morality and her character will most often be questioned, especially in court. Because of the reactions of those around her, the woman sees the sexual assault as a confirmation of her inadequacies. Very few divorced or separated women report a sexual assault because they don't want to be blamed, ridiculed or questioned.

For this woman it is extremely important that you believe her. Give her verbal reinforcement as she tells you the story of the assault. «That must have been horrible», etc. Your comments and questions will let her know that you are taking her seriously and that you believe what she is telling you.

Her independence is critical to her life style, and that independence has been threatened by the sexual assault. A change in life style could bring an increased stress. Encourage the woman to remain independent; let her do many things for herself. Let her overcome her fears so that she can continue to live alone.

Single young women:

They often feel guilty and blame themselves for not being more assertive in fighting the rapist; even women who were threatened with a gun or a knife often feel they could have done more. Help her realize that she could not have been expected to do more than she did; an assailant chooses as a victim a woman he perceives as helpless, never one whom he thinks can fight.

If the assault is the young woman's first sexual experience, you will need to talk carefully during the weeks and months that follow the sexual assault. Let her know that some things that happened during the assault - orgasm, fondling, and so on - are perfectly natural and desirable when experienced in a loving, caring way with a partner she cares for. This kind of counsel is critical. Later, when the woman feels orgasm during sexual intercourse, she may have renewed feelings of guilt and self reproach if she has not been able to successfully separate the two.

If the victim is particularly young or inexperienced, she may not be able to tolerate the gynecological examination following the sexual assault; she may view it as a second body intrusion assault. If you sense that the girl is having this kind of problem, you may suggest to the physician that she be heavily sedated before he begins the examination. Stay with her through the examination, or arrange for a trusted friend or family member to be there with her.

REMEMB[illegible]

The road to recoverry from sexual assault is a long hard one, but those who havve support from friends and family members are much more succeeessful in traveling that road. You can be the key that helps aa sexual assault victim unlock the heavy chain that binds her, so that she can go on with a happy, productive life.

SUICIDE

INTENT, ATTEMPTS AND EFFECTS - WHY?

Sometimes a crisis becomes so intense, or lasts for such long periods of time, that the individual will contemplate suicide, believing it to be the only way to solve the problem.

The complex motivations, weaknesses and strengths that determine all types of human behaviour apply to suicide.

Never ignore *any* types of suicide. All of them are to be taken seriously and are to be acted upon, somehow.

FACTS ABOUT SUICIDE

Suicide affects all ages; kids, adults and old people. As a general rule, younger people contemplate and attempt suicide more often, but older people are more often successful. Women attempt suicide much more frequently than men do; however, men have a higher success rate of committing suicide than women. The average rating is: for every four women who attempt, three fail, one succeeds; for every four men who attempt, one fails, three succeed. Perhaps this is due to men using more violent methods (shooting, hanging) than women (medication, wrist slashing), and therefore have less chances of being saved medically.[1]

There is little difference in suicidal tendencies between single or married people. However, for the separated, widowed or divorced, the frequency is *four times* as high.

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[1] Police Crisis Intervention, by Arnold P. Goldstein, Philip J. Monti, Thomas J. Sardino and Donald J. Green, Pergamon Press Inc., 1979.

HANDLING THE SITUATION

How does the client plan on killing himself? A client who plans on using a gun is probably very serious - there is little time for rescue from a gunshot wound. Hanging is another highly lethal method. Ingestion of barbiturates may be highly lethal method, depending on how well thought-out the plan is and the client's knowledge of the different drugs and their effects. A person who is planning on cutting his wrist probably subconsciously hopes for rescue.

Ask about the plan. Does the client have a specific plan with well worked-out details and timing? If so, he's a high risk. Contrary to popular belief, most suicidal persons will openly discuss a plan for suicide if you ask them about it. On the other hand, a person whose plan is vague and not really structured or thought out is probably not as serious.

Has the person attempted suicide before? If so, he's an extremely high risk. Of special concern are those who nearly died as a result of a previous suicide attempt.

WHAT CAN YOU DO

Listen:

Really listen. Try to really hear what the client is trying to say - repeat it back to him in your own words.

Evaluate the seriousness of the situation:

If the client has formulated a specific plan, he is probably more serious than the person who is vague. Other signs to look for are the presence of any severe, recent or chronic medical problems (cancer, heart problems, etc.), the death of a close family member, the loss of a job, financial setback, divorce, separation, or «lover's quarrel».

The evaluation will be made more difficult if there exists in the client any signs of chronic drug abuse, alcoholism or psychosis.

Evaluate the intensity of emotional disturbance:

Look for clues of depression: the client appears very «sad», reports «feeling blue» or «down in the dumps», is crying frequently; walking, talking seems slowed down; loss of interest, of appetite, of body weight; sleeping badly, etc. However, keep in mind that a person may be extremely upset, but not necessarily suicidal.

Take everything the client says seriously:

Never dismiss what the client says or discredit what he says in any way. He might be talking in a low-key manner, but beneath his seemingly calm exterior there may be seething emotional disturbance.

Ask directly whether he has entertained thoughts of suicide:

You won't plant any seeds. Most of the time a person who has contemplated suicide will be relieved at the opportunity to discuss his feelings and will welcome the exchange.

Don't be fooled if the client says the crisis is past:

A client will often feel an initial sense of relief after he has been able to talk to you about his suicidal feelings, but the same thoughts will probably reoccur later. Follow-up is crucial.

Be affirmative but supportive:

A person who is that distressed needs strong, stable guideposts. Give the impression that you know what you are doing; let the client know that everything will be done to prevent him from taking his life. Always refer to a specialist, especially if the client seems serious.

Evaluate the available resources:

Continuing observation and follow-up are vital to survival. Find out if there is a minister, relative, or friend with whom the client can feel comfortable; if there is, contact that person and explain the situation. Wait with the client until the other helper arrives. Don't leave him alone!

Act specifically:

Do something tangible. Give the person something to hang on to. Arrange to see him later, and make sure that there is someone else on which for him to depend. Nothing is more frustrating for a person in trouble then to feel he gained nothing from the confrontation.

Ask for assistance and consultation:

Use your community resources.

SPOUSE ABUSE

THE AGE-OLD MYTH OF THE LOVING FIST

For the typical Canadian citizen, the place where he is most likely to be assaulted is, of all places, in his own home. For women in particular, it is far more dangerous for them at home than in even the most dangerous street in North America.

One third of all homicides in Canada and the United States take place between immediate family members; and another third occur between lovers, close acquaintances and co-workers.[1]

Family conflict and violence can be injurious not only to those people immediately involved, but also to third parties: especially policemen. In the United States, between 15% and 20% of police officers killed on duty in any recent year died while responding to a «domestic disturbance» call, and they received more injuries on these calls than on any other single type (28%), including robberies.[2] In Canada, of the 41 police officers killed between 1961 and 1973, six (15%) were killed while on domestic disturbance calls.[3]

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[1] Homicide in Canada: A Statistical Synopsis, Statistic Canada, Ottawa, Ont. Cat#85-50E, Occ.

[2] FBI Uniform Reports, Crime in the U.S., Washington, D.C., U.S. Government Printing Office 1976.

[3] Dalley, A.F. «Killed Canadian Policemen & Their Killers» RCMP Gazette, Vol. 37 #4.

In addition, it is greatly suspected that only a very small fraction of abuse cases are reported - the women usually remain silent for a variety of reasons. And of those reported, only a very few are ever brought to court, and fewer still result in a conviction.[1]

Abuse is not strictly limited to physical violence. Oftentimes, it can take the form of psychological abuse: alone, or in combination with physical violence. Victims of this kind of treatment, both male and female, can go through agonies as serious as physical maltreatment.

The two root causes of spouse abuse are actually quite simple, yet extremely far reaching in this complex issue. They include learned violent behaviours and accepted sexual stereotyping.

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[1] Violence Against Women: Report of the Conference on Violence Against Women, November 1-3, 1982; Consultation Center of the Solicitor General, Moncton, N.-B., 1982.

ACCEPTED SEXUAL STEREOTYPING

Many men (and women) live by the credo of the «Macho image», the man as master in the home because he «brings home the bacon», dominates the wife and children and is allowed the behaviour he chooses in his own home. The perception of his role, of his wife and of his children is almost always one dimensional and stereotyped. He expects and demands to be in control at all times. He usually does so through authority, threats, strength, and violence. It becomes his masculine prerogative. Other kinds of stereotyping can come into play. The casual way violence is projected on TV and in the cinema, for example, helps to shape attitudes of acceptance towards violence.

The very attitude of the society we live in has an effect on its occurrence. (Tribal societies with low or no incidence of war-making have, coincidentally, lower or no incidence of spouse abuse and sexual assaults.).

Our neighbour's tolerance of aberrant behaviour in the home can help create a situation where spouse abuse is allowed a free reign to exist and, sadly, reproduce through the generations.[1]

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[1] The Cycle Theory of Battering, by Dr. Leonore Walker, Collorado's Women's College.

PRECIPITATING FACTORS

Stress:

The more stress there is, the higher the rate of beating. We know several causes of stress, and they vary in many ways. But their effect on the people involved can create situations ripe for violent incidents. For unemployed husbands for example, the rate of wife beating is twice that of husbands who have a job.[2]

Alcohol and Drug Abuse:

Alcohol and drug use lower inhibitions and facilitate emotional outbursts. Unfortunately, substance (alcohol and/or drugs) abuse is often a method of trying to deal with stress; getting «high» or «plastered» is a way of making problems «go away for now». Unfortunately, it is ineffective because it compounds the problem. Also, violence can be more severe when the user is under the influence of substances, so that what might have been a slap and a tussle when sober, becomes a fist fight and beer-bottle throwing incident when drunk. Continued substance abuse over years will often lead to newer problems: substance dependence (alcoholism, drug dependence, loss of job, health problems, etc.) which increases stress.

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[2] Violence Against Women: Report of the Conference on Violence Against Women, November 1-3, 1982, Consultation Center of the Solicitor General, Moncton, N.-B., 1982.

INDICATORS

It is your responsibility to assess the family's situation in regard to spousal abuse. Some discrete indicators of spouse abuse are:[1]

- history of miscarriages
- history of/or recent increase in prescription for tranquillizers
- history of/or recent increase in excessive use of alcohol
- repeated visits to emergency rooms for medical treatment following injuries or illnesses
- signs of ongoing stress, such as headaches, gastro-intestinal ailments, or vague «not feeling well» complaints
- suicide threats or attempts by either spouse
- non-prescription drug abuse
- self reported isolation from friends and family
  For example: «No, I don't go out much anymore.
  I'm too busy at home.»

These indicators do not necessarily mean that spousal abuse is occurring in the family, but the presence of one or more of these indicators is enough to warrant further questioning.

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[1] Family Violence: Intervention Stratagies, by Ellen R. Barnett, Carla Pittman, Cynthia Ragan and Marsha Salus; Kirschner Associates, Washington, D.C., 1977.

ASSESSING POTENTIAL DANGER

You need to assess if any family member is in imminent danger. The presence of the following factors should indicate potential danger.

For the abuser, the presence of:

- weapons
- alcohol or drugs
- suicide threats
- violence outside the family
- previous court involvement
- previous violent episodes
- intimidating behaviour
- sophisticated knowledge of the legal systems

For the victim, the following factors may indicate an increased level of risk. The presence of:

- previous abuse
- previous legal action
- previous separation
- limited ability to make decisions or function effectively
- suicidal thoughts or behaviours
- threats to children
- potential for violence by victim himself or herself

If the potential for danger exists, you should consult your police officer and your coordinator for recommended procedure.

CHARACTERISTICS OF ASSAILANTS

1. All groups:

   Men who batter come from all races, socio-economic classes, occupations, religious affiliations and ages. No single group is immune.

2. Victims of Abuse as Children:

   As children, men who batter either were beaten themselves or witnessed battering between other family members, usually parents. This «training ground» helped these men assimilate the idea that inside the family, violence is «normal» and their prerogative.

3. Minimization and Denial:

   Very prevalent among men who batter is their minimizing or denying of the event. They will minimize the seriousness of the violent behaviour to themselves as well as to others, and it is a form of self denial rather than lying.

4. Externalization:

   Many battering men see their lives as being externally directed. They attribute many successes and all failures to external factors. This tendency to externalize can be seen in how they talk about their problems as well as being the fault of someone else, and will crop up in their discussion about the battering as well.

5. Impulsivity:

Many, but not all, of the men reflect a pattern of impulsivity in their lives. They often act without thinking of the consequences.

6. Isolation:

Just like the victims of battering, batterers often report a great deal of isolation. While the victim's isolation is most often instituted by the batterer, his is more self imposed. Stey by step he cuts her off from her social support system, and by so doing often imposes similar isolation on himself.

7. Dependency and Possessiveness of the Victim:

In the face of the isolation, many of the men state that the only person they feel close to is the person they abuse. Often their relationships are characterized by a total dependency on the victim (often making it more difficult for police to prosecute, since the wife feels intensely «needed» and, thereby, won't press charges). The victim's submissiveness fits into the assailant's need to dominate. Batterers often express strong dependency through extreme possessiveness.

8. Control, Domination:

Batterers have a high need for control. They usually define this control as being «in charge» of the other or of the external situation. They don't always understand that being in control is internal rather than external.

9. Experiences Most Emotion as Anger:

The wide range of emotions: hurt, anxiety, excitement, sadness, guilt, helplessness, tenderness and vulnerability get lumped together in their minds and are identified and expressed as anger.

10. Depression and Suicide:

Some batterers experience a great deal of depression and at certain points become suicidal. This depression may be directly related to an awareness of their violence and the fear of losing their relationships; or it may be connected to long-standing issues preceding the relationship itself. But their veiled or unveiled threats of suicide may also be part of their psychological abuse: when she talks about separation, he talks about killing himself.

11. Relationship of Alcohol/Drug Abuse to Battering:

Generally there seems to be no clear cause-and-effect relationship between substances abuse and battering - with the possible exception of «Speed» and «Angel Dust» which sometimes can bring on atypical violent episodes. Most substances do not specifically *cause* violence. «He beat me because he was drunk» is a statement you may sometimes hear. Basically it is incorrect. The cause is much deeper than simple substance abuse. However, use of these substances often increase the *severity* of the violence.[1]

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[1] Participant's Manual for Workshop to Train Mental Health Professionals to Counsel Court Mandated Batterers, by Dr. Aune L. Ganley, Center for Woman Policy Studies, Washington, D.C., 1981.

These substances often reduce the effects of inhibition factors of the users - be they assailants or victims. They reduce the level of self-control and allow individuals to release strong emotions of anger, frustration, etc. without benefit of self-control.

OTHER GENERAL CHARACTERISTICS

The Batterer has:

- Low self-esteem
- Believes all the myths about the battering relationship, such as the woman «caused» the incident.
- Is a traditionalist at home, believing in male supremacy and the stereotyped masculine sex role of dominance in «his» family.
- Blames others for actions
- Is pathologically jealous
- Presents a dual personality: alternating from extreme tenderness to extreme aggressiveness
- Has severe stress reaction during which he may use drinking and battering to cope
- Uses sex as an act of aggression, frequently to enhance self-esteem in view of waning sexuality
- Does not believe his violent behaviour can have negative consequences
- Most emotions experienced as anger
- Uses aggression and violence to express anger
- Socially isolated - few friends

WHY IT HAPPENS

1) Cultural factors:

Violent culture, violent childhood, male dominance of family accepted, traditions of privacy regarding family matters, tacit approval of family violence.

2) Family factors:

Violence is a learned response to conflict and stress, witnessed own parents' use of violence, sex-role stereotyped child rearing.

3) Stress factors:

Geographic isolation, social isolation, economic stress, alcohol and drug abuse, life crises such as births, deaths, job loss, new job, lifestyle changes, etc.

WHY HE STAYS

1) He is a victim of what he has learned.
2) The family may be the only place he feels in control.
3) He is immature and dependent.

WHY HE ASKS FOR HELP

The majority don't ask for help, and even refuse it when offered. Sometimes they will do so through guilt or fear. Neither of these reasons will last for long.

CORE ISSUES FOR COUNSELLING

1) He must see the connection between his violence and his victim's reaction.
2) He must realize that the violence was learned and can be «unlearned».
3) He must learn to feel his different emotions and express them in a more positive way.
4) He must find new ways to cope with and reduce stress.
5) He must be kept from denying and minimizing.

CHARACTERISTICS OF THE BATTERED WOMAN

1. She probably experienced violence as a child.
2. She blames herself for everything that goes wrong.
3. She believes she deserves the abuse she gets.
4. She has traditional values and believes she must make the marriage work.
5. She minimizes the abuse she receives.
6. She denies her anger at being hit.
7. She has low or self-confidence.
8. She is isolated from others.
9. She feels helpless and hopeless.
10. She lives in fear.

WHY SHE STAYS

1. She hopes he will change.
2. He is not always violent.
3. If she left, she would have to admit that her marriage was a failure.
4. She doesn't want to be alone.
5. She doesn't think she can look after herself.
6. She is economically dependent on her husband.
7. It would be hard to find a job.
8. She believes the myth that a child needs two parents.
9. She often has no place to go.
10. There is a lack of public assistance.

WHY SHE ASKS FOR HELP

1. The most recent attack was the last straw.
2. The husband has started to beat the children.
3. She has started to beat the children.
4. The children have started to act violent.
5. The children are growing up and getting involved in the fights.
6. She might not have been recently beaten but just decides that she just can't stand it anymore.

HER IMMEDIATE NEEDS

1. Treat physical injuries
2. Safe place to stay
3. Money through job or welfare
4. Needs to learn to cope on her own and solve problems; control.
5. Needs to believe in herself; have self-confidence
6. Reduce emotional isolation
7. Reduce fear and mistrust

The focus should be on her, not her husband. She must not be allowed to minimize. She needs a lot of emotional support because she is feeling anxious, scared, guilty and embarrassed.

MYTHS TO BE CHALLENGED

1. Violence is normal
2. Her husband is not responsible for his violence
3. She deserves the abuse she gets
4. Staying for the children
5. She can't survive without him
6. He will change

VICTIMS

TO EVERY ACTION IS A REACTION

PRINCIPLES TO REMEMBER

1. Respect everyone's right to his own feelings. The victim's feelings are real to him. Don't judge, censor or ridicule. Your value systems and morals are exactly that: yours.
2. Accept the fact that emotional disability is as real as physical disability. In his present state, the victim may be as helpless as a man whose legs were ripped off in an automobile accident. Nobody expects the man to get up and walk away when you tell him to, yet many have similar expectations when it comes to the emotionally wounded.
3. Realize that most victims are stronger than they look. There are untapped energies in all of us, it doesn't matter whether they were ever used or not. Work with the victim to bring him to a better position and *expect him to do most of the work.*
4. Try not to underestimate the potential of your client and capacity to change. Aim at developing a sense of responsibility by keeping in mind that autonomy is best fostered by some of the basic skills used by helpers.

EVALUATION

EVALUATION

The Workshop Planning Committee invites you to complete this survey so that your experience and preference may help evaluate future gatherings. You do not have to sign your name. Please choose the best answer. Your co-operation is appreciated.

EVALUATION

Le Comité planificateur de l'atelier de travail vous invite à complèter ce questionnaire. Votre expérience et vos préférences faciliteront l'évaluation de l'atelier et la conception de rencontres futures. Vous n'avez pas besoin de signer votre nom. S'il-vous-plaît choisissez la meilleure réponse. Merci pour votre collaboration.

1. Overall, how would you rate the Workshop?
Quelle est votre évaluation globale de l'atelier de travail?

1	2	3	4	5
Poor *Pauvre*		Moderate *Médiocre*		Excellent *Excellente*

2. On a scale of 1 to 5, rate how you liked the program content.
Sur une échelle de 1 à 5, évaluez comment vous avez aimé le contenu du programme.

1	2	3	4	5
Not at all *Pas du tout*		Indifferent *Indifférent*		Very much *Beaucoup*

3. Rate how the workshop topics were relevant, in general, to your own interests and concerns.
Evaluez comment les sujets de l'atelier étaient en général pertinents à vos propres intérêts et préoccupations.

1	2	3	4	5
Not relevant *Pas pertinents*		Somewhat relevant *Quelque peu pertinents*		Very relevant *Très pertinents*

4. How would you rate the general quality of Workshop key resource persons?
Quelle serait votre évaluation de la qualité des personnes ressources?

1	2	3	4	5
Poor *Pauvre*		Moderate *Médiocre*		Excellent *Excellente*

5. How would you rate the time available for individual participation and discussion?
Comment évaluez-vous le temps consacré à la discussion et à la participation individuelle?

1	2	3	4	5
Not enough time *Pas assez de temps*		Somewhat relevant *Quelque peu suffisant*		Very sufficient *Très suffisant*

6. How would you rate the hospitality and entertainment features?
Quelle est votre évaluation de l'accueil et des divertissements?

1	2	3	4	5
Poor *Pauvre*		Moderate *Médiocre*		Excellent *Excellente*

7. How would you rate the physical arrangements (personal accomodation, conference rooms, meals, local transportation, etc.)?
Quelle est votre évaluation des détails matériels (chambre à coucher, salles de conférence, repas, transport, etc.)?

1	2	3	4	5
Poor *Pauvre*		Moderate *Médiocre*		Excellent *Excellente*

8. How would you rate the pre-workshop announcements and related information?
Quelle est votre évaluation des avis précédant l'atelier de travail et de l'information pertinente?

1	2	3	4	5
Poor *Pauvre*		Moderate *Médiocre*		Excellent *Excellente*

9. Would you like to see another continuation workshop of this nature?
Aimeriez-vous participer à un autre atelier de travail qui serait une suite à celui-ci?

( ) Yes/*Oui* ( ) No/*Non*

10. As a result of your participation in this workshop, would you like to see a similar program of family crisis intervention in your community?
Résultant de votre participation à cet atelier de travail, aimeriez-vous voir un programme similaire d'intervention en crises familiales dans votre communauté?

( ) Yes/*Oui* ( ) No/*Non*

11. What suggestions would you offer a planning committee for a workshop in the future?
Quelles suggestions feriez-vous à un comité planificateur pour le développement d'un atelier de travail dans le futur?

12. What NEW subjects, issues or topics would you suggest for inclusion in the program of the next workshop on family crisis intervention?
Quelles sont les questions ou sujets nouveaux que vous aimeriez voir inclus dans le programme du prochain atelier de travail sur l'intervention en crises familiales?

13. Other comments/suggestions.
Autres commentaires/suggestions.